Bureau of Labor Statistics Census of Fatal Occupational Injuries Report

**U.S. Department of Labor** 



partner statistical agen information in confiden Protection and Statistic not be disclosed in ide	cies, will use the inform ce to the full extent per al Efficiency Act (44 U.S ntifiable form without yo	nation you provide for s rmitted by law. In acco S.C. 3572) and other ap ur informed consent. P	nor Statistics, its employees statistical purposes only and ordance with the Confidentia plicable Federal laws, your iter the Cybersecurity Enhand vities through cybersecurity	I will hold the al Information responses will cement Act of	OMB No. 1220-0133	
ID	comprehensive, a complete this form completing the for collection, includir Statistics, CFOI Presend the complete	ccurate, and timely.  n, with an average of 20  m. If you have any cong suggestions for red  rogram, 2 Massachuset	tary cooperation is needed. The Bureau estimates that D minutes, including time for the omments regarding this estimates this burden, you masts Avenue, NE, Room 3180, S. You do not have to com	it will take from gathering the inf mate or any othe y send them to Washington, DC plete this form if	10 to 30 minutes to ormation needed and er aspect of this data the Bureau of Labor 20212-0001. Do not	
			Return to:	1		
			For assist	ance call:		
Instructions: So information and do		out the incident is a	lready provided on this	form. Please	review this	
	<ul><li>Add any miss</li><li>If you cannot a information to</li></ul>	answer a question, answer the questi	please <b>indicate</b> that y		ve sufficient	
NAME:	SECTION I.	DECEASED W	ORKER AND EMPL	OYER		
L. Legal name: (Pl	lease print):		(Firet)	/8	Aiddla)	
) Casial Cassuits	Ni h a	(Last)	(First)	(IV	1iddle)	
<ol> <li>Social Security</li> <li>Direct employer</li> </ol>		incident (compan	- y that paid deceased	's wages):		
<del></del>		(Comp	any name)			
	(Street address)					
	(City)	· · · · · · · · · · · · · · · · · · ·	(State)	(Zip	code)	
			(Dhaire and t		····	
(Area	a code)		(Phone number	7)		

4.	Date of birth:					
	(Month) (Day) (Year)					
5.	Ethnicity and race: (Select one or more: if unknown leave blank)					
	□ American Indian or Alaska Native       □ Asian         □ Black or African American       □ Hispanic or Latino         □ Native Hawaiian or Other Pacific Islander       □ White					
6.	Gender: ☐ Male ☐ Female					
7.	In what state did the deceased reside?					
	SECTION II. EMPLOYMENT INFORMATION					
1.	Which of the following BEST describes the deceased's employment status at the time of the incident? (Check only ONE)  □ Active duty, Armed Forces □ Self-employed, partner, or owner of a business, farm, or professional practice (Check only ONE: □ incorporated □ unincorporated) □ Working for the family business, except owner (includes paid or unpaid work) □ Working for pay or other compensation (such as room and board) in other than the family business □ Working as a volunteer without pay or other compensation □ Other (Please specify:) □ Don't know					
2.	Occupation of deceased at the time of the incident: (Examples include: cashier, drywall installer, farm foreman)					
3.	How long did the deceased work in the position held at the time of the incident?					
	years months (if less than 1 year)					
4.	Which of the following <u>best</u> describes the type of employer the deceased was directly employed by? (Check only <b>ONE</b> )					
	<ul> <li>□ a private company or self-employed</li> <li>□ a local government agency</li> <li>□ a State government agency</li> <li>□ a foreign or international government agency</li> <li>□ other governmental body, such as a regional or interstate commission</li> </ul>					
5.	Describe the nature of the business or the main type of activity performed by the direct employer at the establishment. (Examples include: manufacturer of storage batteries, grocery store, computer programming services, etc.)					

6.	On average, ab	out how many	persons woi	rk for the est	ablishment of the di	rect employer? (Che	eck only <b>ONE</b> )
	□ 1-10 □ 1	1-19	20-49	□ 50-99	☐ 100 or more	☐ don't know	
		SE	CTION III. II	NFORMATIO	N ABOUT THE INCID	ENT	
1.	Date of death:		(Month)	(Day)	(Year)		
2.	State in which o	death occurred	:				
3.	Date the incide	nt occurred: _	(Month)	(Daj	y) (Year)		
4.	Where did this	incident occur	?				
	State:						
	Type of loc	ation (Example	es include: fa	rm, highway,	bank, etc.):		
<ul> <li>5. Did the incident occur on the direct employer's premises?</li> <li>□ No</li> <li>□ Yes → If YES, where did the incident occur?</li> <li>□ in a work area</li> <li>□ in a hallway, stairway, rest room, or cafeteria</li> </ul>							
		<ul><li>in the compar</li><li>on an outside</li><li>in a recreation</li></ul>	walkway	□ some	other place ( <i>Please sp</i>	ecify): 	
6.					me of the incident une a different compan	nder the control of h y exercised overall	nis/her direct responsibility
	<b>at the e</b> a dishw	npany ————————————————————————————————————	the busines (For example ct employer is	s or the mai , a plumber fo s the repair fir	: n type of activity per or a repair firm was kil m since it paid the plu ibility for the operation	ed while working at a mber's wages. The d	a restaurant to fix
	ONE) ☐ a private ☐ a local g	_	су	□ a □ a □ ot	of employer this diff Federal government a foreign or internationa her governmental bod interstate commissior	gency I government agency y, such as a regional	,

CT.	חו	1	

7.	What was	the deceased doing at the	time of the incide	ent? (Mark ALL that app	oly.)			
	in joi at	ormal commute between how b-related errand or travel of tending training provided or utine or typical work activity her activity on the employer ork-related activity ( <i>Please</i> on-work-related activity ( <i>Please</i> on-work-related personal but on't know	her than commuting required by the em (Please specify): premises specify): ease specify):	g to or from work ployer				
8. '	What time	did the incident occur?		Check only <b>ONE</b> :	AM D PM			
		did the deceased's workd he day the incident occuri		Check only <b>ONE</b> :	]AM □ PM			
10.	The injury	y/illness resulted from: (C	Check the <b>MOST</b> ac	ccurate statement.)				
	□ ar □ ar □ he □ na	n incident, such as a fall, exp n exposure to a chemical, su n exposure to a chemical, su eart attack/stroke atural causes other than hea ther ( <i>Please specify</i> ):	ubstance, or enviror ubstance, or enviror art attack or stroke	nmental factor lasting a c nmental factor lasting mo	pre than a day			
11.		ovide more specific detail	ls to describe the	injury/illness and the e	vents which			
	resulted i	n the injury/illness:						
	a. Include information about how the injury/illness occurred.							
	<ul> <li>b. Identify any equipment, objects, or substances involved in the incident and describe how they were involved. (Please use additional pages if more space is needed.)</li> </ul>							
		SEC	FION IV. RESPON	DENT IDENTIFICATION	l			
Dla	aca provis	le the following information	an.					
	•	_						
		ne:						
	_	title:						
3.	Your day	time phone number:	(Area code)	(Phone nu	mber)			
4.	Date you	completed this form:	(Month)	(Day)	(Year)			