# **U.S. Department of Labor**

Bureau of Labor Statistics Census of Fatal Occupational Injuries Report

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	comprehensive, acc complete this form, completing the form collection, including Statistics, CFOI Pro	curate, and timely. with an average of 2 n. If you have any o suggestions for rea gram, 2 Massachuse form to this addres	ntary cooperation is needed The Bureau estimates that 0 minutes, including time for comments regarding this esti ducing this burden, you may tts Avenue, NE, Room 3180, s. You do not have to com	it will take from gathering the info mate or any othe y send them to t 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:		
			For assist	ance call:	
> >	<b>Correct</b> any ina <b>Add</b> any missir If you cannot an information to a	nswer a question answer the quest	, please <b>indicate</b> that y		ve sufficient
NAME:	SECTION I.	DECEASED W	ORKER AND EMPLO	OYER	
L. Legal name: (Please	print):	(Last)	(First)	(M	liddle)
2. Social Security Num	ber:			X	2
-			– ny that paid deceased?	's wages):	
				• •	
		(Com	pany name)		
		(Stree	et address)		
(0	City)		(State)	(Zip (	code)

(Area code)

)

(Phone number)

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4.	Date of birth: (Month)	(Day) (Year)						
5.	Ethnicity and race: (Select one or more: if unknown leave blank)							
	<ul> <li>American Indian or Alaska Native</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> </ul>	<ul> <li>Asian</li> <li>Hispanic or Latino</li> <li>White</li> </ul>						
6.	Gender: 🛛 Male 🗳 Female							
7.	In what state did the deceased reside?							
	SECTION II. EMPLOYM							
	SECTION II. EMPLOYM	ENTINFORMATION						
1.	Which of the following BEST describes the deceased's the incident? (Check only ONE)	employment status at the time of						
	<ul> <li>Active duty, Armed Forces</li> <li>Self-employed, partner, or owner of a business, farm, or professional practice (<i>Check only ONE:</i> incorporated unincorporated)</li> <li>Working for the family business, except owner (includes paid or unpaid work)</li> <li>Working for pay or other compensation (such as room and board) in other than the family business</li> <li>Working as a volunteer without pay or other compensation</li> <li>Other (<i>Please specify:</i>)</li> <li>Don't know</li> </ul>							
2.	<b>Occupation of deceased at the time of the incident:</b> (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 emplo only <b>ONE</b> )	oyer the deceased was directly employed b	y? (Check					
	<ul> <li>□ a local government agency</li> <li>□ a fe</li> <li>□ a State government agency</li> <li>□ oth</li> </ul>	Eederal government agency preign or international government agency per governmental body, such as a regional interstate commission						
5	Describe the nature of the business or the main type of	activity performed by the direct employer	at the					

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.*)

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6.	On avera	age, about hov	/ many persons	work for the es	stablishment of the dir	ect employer? (Che	ck only <b>ONE</b> )	
	<b>1</b> -10	<b>1</b> 1-19	20-49	<b>D</b> 50-99	100 or more	don't know		
			SECTION					
	SECTION III. INFORMATION ABOUT THE INCIDENT							
1.	Date of c	leath:						
					y) (Year)			
2.	State in v	which death oo	curred:					
3.	Date the	incident occur	rred:(Month)	(De	ay) (Year)			
4.	Where d	id this incident	occur?					
	State	9:						
	Туре	e of location (E	Examples include	: farm, highway	v, bank, etc.):			
5.	Did the i	ncident occur	on the direct em	ployer's premi	ses?			
		No Yes <b>—→ If Y</b> A	ES, where did th	e incident occ	ur?			
		□ in a w		□ in a h	nallway, stairway, rest ro	oom, or cafeteria		
	<ul> <li>in the company parking lot</li> <li>on an outside walkway</li> <li>in a recreational area</li> </ul>				<ul> <li>some other place (<i>Please specify</i>):</li> <li>don't know</li> </ul>			
c	Waa tha					day the control of h	ia/har diraat	
0.	employe for the o	er, or was the eperations at th	mployee was mployee working ie site?	ig at a site whe	time of the incident un re a different company	exercised overall r	esponsibility	
		employer						
			→ If dia ature of the busi		<i>y:</i> ain type of activity perf	ormed by this differ	ent company	
					for a repair firm was kille firm since it paid the plur			
					isibility for the operations		noroni company	
		-						
		Nhich of the fo ONE)	llowing <u>best</u> de	scribes the typ	e of employer this diffe	erent company is? (	Check only	
	🛛 a	private compar			a Federal government ag a foreign or international			
		local governme State governme			other governmental body or interstate commission	, such as a regional		

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## 7. What was the deceased doing at the time of the incident? (Mark ALL that apply.)

- □ normal commute between home and usual work location
- job-related errand or travel other than commuting to or from work
- attending training provided or required by the employer
- routine or typical work activity (Please specify):
- □ other activity on the employer premises
- work-related activity (Please specify): \_
- non-work-related activity (*Please specify*):
- non-work-related personal business
- don't know
- 8. What time did the incident occur?
  9. What time did the deceased's workday begin on the day the incident occurred?
  Check only ONE: 

  AM
  PM
- 10. The injury/illness resulted from: (Check the MOST accurate statement.)
  - $\Box$  an incident, such as a fall, explosion, shooting, etc.
  - an exposure to a chemical, substance, or environmental factor lasting a day or less
  - an exposure to a chemical, substance, or environmental factor lasting more than a day
  - heart attack/stroke
  - natural causes other than heart attack or stroke
  - other (Please specify): \_\_\_\_\_\_
- 11. Please provide more specific details to describe the injury/illness and the events which resulted in the injury/illness:
  - a. Include information about how the injury/illness occurred.
  - **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.*)

## SECTION IV. RESPONDENT IDENTIFICATION

### Please provide the following information: