## Bureau of Labor Statistics Census of Fatal Occupational Injuries Report

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



OMB No. 1 of the disclosed in identifiable form without your informed consent. Per the Cybersecurity Enhancement Act of ransmitted data				
D D	Public Burden Statement: Your voluntary cooperation is needed to make the comprehensive, accurate, and timely. The Bureau estimates that it will take from 10 to this form, with an average of 20 minutes, including time for gathering the information the form. If you have any comments regarding this estimate or any other aspect of this c suggestions for reducing this burden, you may send them to the Bureau of Labor Stat Massachusetts Avenue, NE, Room 3180, Washington, DC 20212-0001. Do not send this address. You do not have to complete this form if it does not display a currently valid	30 minutes to complete needed and completing data collection, including istics, CFOI Program, 2 d the completed form to		

Return to:

## For assistance call:

**Instructions:** Some information about the incident is already provided on this form. Please review this information and do the following:

- > Correct any inaccurate information.
- > **Add** any missing information.
- > If you cannot answer a question, please **indicate** that you do **NOT** have sufficient information to answer the question.
- > Please **contact** us if you have any questions regarding this form.

SECTION I. DECEASED WORKER AND EMPLOYER NAME:					
Legal name: (Please print):	(Last)	(First)	(Middle)		
ocial Security Number:					
	(Com	pany name)			
	(Stre	et address)			
(City)		(State)	(Zip code)		
()					
(Area code)		(Phone number	7)		

						ST	ID
4.	Date of birth:	(Month)	(Day)		(Year)		
5.	Ethnicity and race:	(Select one or more: if unknown			(1001)		
	☐ Black or Afric	an or Alaska Native an American an or Other Pacific Islander	☐ As ☐ His	spanic or Latino			
6.	Sex: ☐ Male ☐	Female					
7.	In what state did the	deceased reside?					
		222224					
		SECTION II. EMPLO	TIVIENT INF	ORMATION			
1.	the incident? (Check of Check of Check of Working for the factor of Working as a volume of the incident of th	ed Forces artner, or owner of a business, far	rm, or professum, or profession unincoludes paid or one and board board sation	sional practice orporated ) r unpaid work) rd) in other than the	e family business		
2.	<u>-</u>	ased at the time of the incident:	, ,	•	lrywall installer,		
3.	How long did the de	ceased work in the position hel	d at the time				
4.	Which of the following only ONE)	ng <u>best</u> describes the type of e	mployer the	deceased was di	rectly employed b	<b>y?</b> (Che	ck

☐ a private company or self-employed

□ a Federal government agency

☐ a local government agency ☐ a State government agency ☐ a foreign or international government agency

☐ other governmental body, such as a regional or interstate commission

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, a	about how m	any persons v	work for the es	tablishment of t	the direct em	ployer? (Check only ONE)
	<b>□</b> 1-10 <b>□</b>	11-19	<b>2</b> 0-49	□ 50-99	☐ 100 or mo	re 🗖	don't know
			SECTION III	. INFORMATIO	ON ABOUT THE	INCIDENT	
1.	Date of death	:	(Month)	(Day	/) (	(Year)	
2.	State in which	n death occu	rred:				
3.	Date the incid	lent occurre	d:(Month)	(Da	ay) (Y	'ear)	
4.	Where did thi	s incident o	ccur?				
	State:						
	_			farm, highway			
			•				
5.	Did the incide  No Yes—			ployer's premi e incident occi			
	<ul> <li>□ in a work area</li> <li>□ in the company parking lot</li> <li>□ on an outside walkway</li> <li>□ in a hallway, stairway, rest room, or cafeteria</li> <li>□ some other place (<i>Please specify</i>):</li> </ul>						
			eational area	☐ don't	know		
6.	Was the site of the contract of the operations are the contract of the contrac	where the er was the emp tions at the s	nployee was v bloyee working site?	vorking at the g at a site whe	time of the incid re a different co	lent under the mpany exerc	e control of his/her direct ised overall responsibility
	<ul><li>a. Descr</li><li>at the</li><li>a dish</li></ul>	mpany —— ribe the natu establishme washer. The	re of the busirent. (For examedirect employed	ple, a plumber er is the repair f	in type of activite for a repair firm v	vas killed while he plumber's	by this different company e working at a restaurant to fix wages. The different company site)
	b. Which ONE)		wing <u>best</u> des	cribes the type	e of employer th	is different c	ompany is? (Check only
	a priva	te company	ogono:		Federal governr		ment agency
		government government			foreign or internather government r interstate comm	al body, such	

ST	ID	

7.	What wa	as the deceased doing at the	ne time of the inciden	t? (Mark ALL that apply.	)
	000000	normal commute between h job-related errand or travel of attending training provided of routine or typical work activity other activity on the employed work-related activity ( <i>Pleas</i> non-work-related activity ( <i>P non-work-related</i> personal bedon't know	other than commuting to required by the empty (Please specify):er premises be specify):Please specify):	o or from work loyer	
8.	What tir	ne did the incident occur?		Check only <b>ONE</b> : 🛭 A	AM 🗆 PM
		ne did the deceased's work n the day the incident occu		Check only <b>ONE</b> : 🛭 A	AM □ PM
10.	The inj	ury/illness resulted from:	(Check the <b>MOST</b> acc	urate statement.)	
		an incident, such as a fall, e an exposure to a chemical, an exposure to a chemical, heart attack/stroke natural causes other than he other ( <i>Please specify</i> ):	substance, or environn substance, or environr eart attack or stroke	nental factor lasting a day nental factor lasting more	
11.	Please resulte	provide more specific deta d in the injury/illness:	ails to describe the in	jury/illness and the eve	nts which
	a. b.	Include information about			t and describe
		how they were involved.			
		SE	CTION IV. RESPOND	ENT IDENTIFICATION	
Ple	ase pro	vide the following informat	tion:		
1.	Your r	name:			
2.	Your j	ob title:			
3.	Your	daytime phone number:	() (Area code)	(Phone numb	per)
4.	Date y	ou completed this form:	(Month)	(Day)	(Year)