

Company Name: _____ Dept: _____ Location: _____ Date: _____

#293

Reporting a Work-Related Accident

Employers must immediately report to Cal/OSHA any work-related death or serious injury or illness. **OSHA encourages employers to do so by telephone**, 24 hours a day, 7 days a week:

1. In what type of industry did the accident occur?
2. For your call, please gather as much information as possible:
As required by Title 8 regulations, section 342, you must include the following information in your phone call, if available:
 - a. Time and date of accident/event
 - b. Employer's name, address and telephone number
 - c. Name and job title of the person reporting the accident
 - d. Address of accident/event site
 - e. Name of person to contact at accident/event site
 - f. Name and address of injured employee(s)
 - g. Nature of injuries
 - h. Location where injured employee(s) was/were taken for medical treatment
 - i. List and identity of other law enforcement agencies present at the accident/event site
 - j. Description of accident/event and whether the accident scene or instrumentality has been altered.
3. You may also report a work-related injury, illness or death by email.

Meeting Conducted By:

Print Name

Signature

Meeting Attended By:

Notes & Suggestions

Document Filing Reference