

Catastrophic Injury and/or Fatality Report for OSHA

Initial Contact time:		
Who Contacted me:		
Time:	Initial Contact:	Secondary Contact:
Date/Time Member Contacted:	Name:	Time/Date:
Company:		
Company Address:		
Company Contact:		
Location of Accident:		Time of Accident:
Company Contact for further information:		
Injured Employee Name:		
Employee Home Address:		
Employee Spouse: Age & DOB:		
Employee Child(ren): Age(s) & DOB:		
Employee Date of Birth:		
Employee Social Security #:		
Employee Race:		
Employee Length of Service at this employer:		
Employee Time in this job classification:		
Medical Facility treated at or taken to:		
Treating physician if known:		
Were there others killed or hospitalized:		
A brief description of the accident:		
If fatality – cause of death:		
Call OSHA: Northern & Eastern Nevada: (775)824-4611 Southern Nevada (702)-486-9020	Time of Call:	Second Call:
	Contact Compliance Officer:	