

TYPE THE NAME OF YOUR AGENCY HERE

CY 2019 Occupational Safety and Health Annual Report

FATALITY, HOSPITALIZATION, AMPUTATION, LOSS OF AN EYE REPORT

Complete one form per incident involving fatality or hospitalization/ amputation/loss of an eye

Date of incident:		
Time of incident:		
Nature of incident:	Fatality	Provide Number Impacted
	Hospitalization	
	Amputation	
	Loss of Eye	
Was incident work-related?		
Describe work environment and operations:		
Describe incident:		
Was an accident investigation conducted?		
What were results of investigation (causes, contributing factors and conditions)		
Were corrective actions taken?		
If yes, please describe:		
Were programmatic changes made?		
If yes, please describe:		