



CY2021 FEDERAL AGENCY ANNUAL REPORT TEMPLATE

Response due May 2, 2022

Fatality, Hospitalization, Amputation, Loss of an Eye Report

COMPLETE ONE FORM PER INCIDENT

Agency: _____

Incident **Date:** _____

INCIDENT DESCRIPTION:

Work Related _____

Number of
People
Impacted _____

Type of Incident:

- Fatality
- Hospitalization
- Amputation
- Eye Loss

Describe the work environment and operations:	
Describe the incident:	
Was an accident investigation conducted?	
If yes, what were the investigation results?	
Were corrective actions taken?	
If yes, what were the actions?	
Were programmatic changes made?	
If yes, what were the changes?	