



CY2022 FEDERAL AGENCY ANNUAL REPORT TEMPLATE

Response due May 1, 2023

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? | |