

SERIOUS INCIDENT INITIAL NOTIFICATION REPORT
(FOR INTERNAL USE ONLY)

Incident Resulted In: (Check all that apply)		Fatality		Hospitalization of 3 or more		Property damage over \$100,000
Hazardous materials incident (see FSH 2109.12)						Serious injury where death is likely

Other (Specify)

Date of Incident	Time of Incident		Employing Agency		
Location of incident (Address)			City	State	
Name of Person Involved			Social Security Number	Age	
Occupational Title	Series and Grade	Date of Birth	Date of Death (if fatality)		

Name and Telephone Number of Local OSHA Contact (fatalities and hospitalization of 3 or more)

Description of nature and extent of injury/illness and/or property damage:

Actions being performed by employee(s) at time of occurrence:

Preliminary actions which have been taken to prevent recurrence:

Report Prepared by	Telephone Number
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Serious Incidents Must Be Reported to the Washington Office Safety, Health, and Uniforms
Within 8 Hours of Occurrence – Fax 703-605-5105