



# INDUSTRIAL COMMISSION OF **ARIZONA**

## Serious Event Reporting Form

Submit the completed form below;  
or you may fax the form to (602) 542-1614 or send it as an email attachment to: [comments@azdosh.gov](mailto:comments@azdosh.gov)

### Information about the location where the incident occurred

*Name of Location (or Description)	
*Street Address 1	
Street Address 2	
*City	
*State	
*County	
*ZIP Code	

### Information about the incident

*Date incident occurred	<i>Ex. mm/dd/yyyy</i>
*Time incident occurred	<i>Ex. 2300 (use 24-hour clock)</i>
*What happened?	
Additional Information:	
Number of fatalities	
Number of hospitalizations	

## Employer Information

*Legal Business Name	
Other Name	
*Street Address 1	
Street Address 2	
*City	
*State	
* ZIP Code	

## Information about persons whom ADOSH can contact

### Contact #1

*First Name	
*Last Name	
*Title	
*Phone <i>Ex. 602-999-9999</i>	
*Email Address <i>Ex. jane.doe@rmail.com</i>	

## Information about persons whom ADOSH can contact

### Contact #2

First Name	
Last Name	
Title	
Phone <i>Ex. 602-999-9999</i>	
Email Address <i>Ex. jane.doe@rmail.com</i>	

## Information for Each of the Victims

### Victim #1

*Victim First Name	
*Victim Last Name	
*What was the employee doing just before the incident occurred?	
*What was the injury or illness?	
What object or substance directly harmed the employee?	

Was there a fatality?

Yes

No

Additional Victim Information:

Was victim hospitalized?

Yes

No

Was there an amputation?

Yes

No

Submitter Email Address:

Was there the loss of an eye?

Yes

No

Submit Date: