Serious Event Reporting Form

THE INDUSTRIAL COMMISSION OF ARIZONA

Division of Occupational Safety and Health
800 West Washington Street
Phoenix, Arizona 85007

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

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** *Ex. mm/dd/yyyy*	
***Time incident occurred**	*Ex. 2300 (use 24-hour clock)*
***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** *Ex. 602-999-9999*	
***Email Address** *Ex. jane.doe@rmail.com*	

Information about persons whom ADOSH can contact

Contact #2

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

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**

Was victim hospitalized?

- ◯ **Yes**
- ◯ **No**

Was there an amputation?

- ◯ **Yes**
- ◯ **No**

Was there the loss of an eye?

- ◯ **Yes**
- ◯ **No**

Additional Victim Information:

Submitter Email Address:

Submit Date: