

Serious Event Reporting Form

THE INDUSTRIAL COMMISSION OF ARIZONA

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

Instructions. To type into a text field, simply left-click into it and begin typing. It will expand to accommodate your text. All boxes marked with an asterisk (*) are mandatory entries. You may save the form as often as you like during the process of filling it out. **When complete, save the form to your computer,** then 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	<i>Ex. 99999</i>

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	<i>Ex. 99999</i>

Information about persons whom ADOSH can contact

Contact #1

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

Information for Each of the Victims

If there is more than one victim, make as many additional copies of page 3 of this form as you need, and fill out one for each victim.

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