## **Iowa OSHA**

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## **Incident Report**

FOR OFFICE USE ONLY								
Received by:								
Sent by: Fax	Phone	e Em	nail					
Date:	_Time: _							
Inspection planne	d:	Yes	No					
Inspection #:	(	CSHO:						
Autopsy performe	ed: `	Yes	No					

Enter # of affected employees:	Fatalit	y Hosp	oitaliz	ation	Loss o	f an eye	Ampu	tation	
Business name			Federal	eral ID # NAICS		Total employees			
Mailing address				City			State	Zip	
Phone	Fax			Business activity					
Ownership Private Local Go	vernmer	t State G	Soverni	ment l	Federal A	gency	Union?	Yes No	
Your name			Job title						
Phone number	Fax number			Email address					
Event address Same as mailing address			City		State	Zip			
Victim's name	Age Occu			pation					
Employee type Current Temporary Accid		Accid	dent date Accident tir		me				
Description of incident									

**Fatality next of kin information** 

Name	Relationship	Phone number	
Mailing address	City	State	Zip