Iowa OSHA
1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-242-5870
Fax: 515-281-7995
www.IowaOSHA.gov
OSHA@iwd.iowa.gov

FOR OFFICE USE ONLY

Received by			
Sent by	◯ Fax	◯ Phone	◯ Email
Date		Time	◯ am ◯ pm
Inspection Planned	◯ Yes	◯ No	
Inspection #		CSHO	
Autopsy performed	◯ Yes	◯ No	

Incident Report

Enter # of affected employees	**Fatality** 0	**Hospitalization** 0	**Loss of an eye** 0	**Amputation** 0			
Business name					Federal ID #		
Mailing address		City			State		Zip
Phone ( ) -		Fax ( ) -		Email			
Business activity		NAICS			# of employees		
Ownership	◯ Private	◯ Local Government	◯ State Government	◯ Federal Agency			
Your name					Job title		
Phone ( ) -		Fax ( ) -		Email			
Event address	or ☐ Same as mailing address						
City		State			Zip		
Date of accident		Time	◯ am ◯ pm		Phone ( ) -		
Name of affected employee					Social Security #		
DOB		Time began work	◯ am ◯ pm		Occupation		
Name of affected employee					Social Security #		
DOB		Time began work	◯ am ◯ pm		Occupation		
Description of incident							

If fatality, next of kin information	Name				
Address		City		State	Zip
Phone ( ) -		Relationship			