

INITIAL 72-HOUR REPORT TO BOI & LOCAL PROSECUTOR (*CONFIDENTIAL*)

Classification

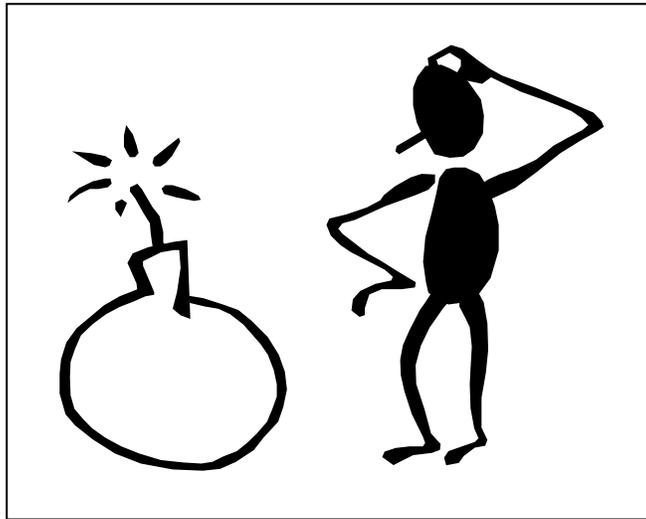
Fatality

Serious Accident

Number of Fatalities

Number of Injured Employees

Insert Photo



(Victim photo, if accessible, is important also.)

INSPECTION INFORMATION

Inspection No.:		Inspector:		Opt. Rpt. No.:	
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LOCATION OF INCIDENT

Event Date:		Event Time:	
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*MANAGEMENT CONTACTED

Name/Title/Home Phone No. & Address	Company Name/Phone No. & Address

*COMPETENT PERSON(S)

Name, Home Phone No. & Address	Company Name

*EMPLOYER(S) ONSITE

Company Name/Address & Phone No.	Type of Business	Supervisor/Home Address & Phone No.

*** INFORMATION ON INJURED**

Name/Driver's License	Home Phone No. & Address	Occupation	Supervisor	Onsite

*** WITNESS NAME INFORMATION**

Name/Driver's License	Home Phone No. & Address	Occupation	Employer	Supervisor

SUMMARY

Description of Incident	Yes	Fatality	Injury	Employee Name	Employer
Fall					
Electrocution					
Fire					
Ground fall					
Explosion					
Confined Space					
Machine Guard					
Lock-out/Block-out					
Equipment Operation/Crane					
Other:					

Other agency present at the site:

*** DETAILS (including why a referral may be made)**

TITLE 8 REGULATION AT ISSUE

Section	Subject

STATUS OF CASE

- | | | | |
|----------|--|-----------------|---|
| Awaiting | <input type="radio"/> EE Interviews | Translation by: | <input type="radio"/> Translation Needed |
| | <input type="radio"/> Documentation from Employer(s) | | <input type="radio"/> CSHO |
| | <input type="radio"/> Management Review | | <input type="radio"/> Staff Member |
| | <input type="radio"/> Legal Review | | <input type="radio"/> Translation Service |
| | <input type="radio"/> Other: _____ | | |
| | _____ | | |

Note: *Additional Information in attached narrative.

Prepared by: SE, IH	Date:
Reviewed by: DM/Senior Engineer/IH	Date:

cc: Regional Manager
 Deputy Chief for Cal/OSHA Enforcement
 DOSH CFOI Unit (Fatalities only)