

Oklahoma Department of Labor



Leslie Osborn
COMMISSIONER OF LABOR

FATALITY REPORT

MULTIPLE HOSPITALIZATION REPORT*

(Check ONE of the above)

MUST BE FILED WITHIN 48 HOURS OF THE INCIDENT

AGENCY NAME _____ TOWN/CITY ____ COUNTY ____ STATE ____ SCHOOL _____

DIVISION _____ TELEPHONE & EXTENSION _____

ADDRESS _____
(Street or P O Box) (Town/City) (Zip)

PRINTED NAME, TITLE AND TELEPHONE NUMBER-EXTENSION OF PERSON PREPARING THIS REPORT:

CHECK ONE _____ DECEASED PUBLIC EMPLOYEE _____ HOSPITALIZED PUBLIC EMPLOYEE*

LAST NAME _____ FIRST _____ MIDDLE _____

COMPLETE HOME ADDRESS _____
(Street) (/City) (Zip)

DATE OF BIRTH _____ Year _____ Month _____ Day

JOB DESCRIPTION/DUTIES _____

LENGTH OF EMPLOYMENT _____ Years _____ Months _____ Days INCIDENT DATE _____ DATE OF DEATH _____

ACCIDENT TYPE (Check one or more in each column)

- _____ Fall
- _____ Struck Against
- _____ Struck by
- _____ Caught in, under, between
- _____ Contact with electrical current
- _____ Contact with radiation, acid/caustics, toxic agent
inhalation/absorption/injection/ingestion
- _____ Vehicle accident
- _____ Public transportation accident
- _____ Contact with temperature extremes
- _____ Other (Describe) _____

INJURY AGENT

- _____ Machine
- _____ Tool
- _____ Vehicle
- _____ Electrical apparatus
- _____ Gas/fumes/emissions
- _____ Chemical
- _____ Working surface
- _____ Earth, rock, stone, brick
- _____ Confined space entrapment
- _____ Collapsing trench, structure
- _____ Policy/procedure/system failure
- _____ Other (Describe) _____

LOCATION OF INCIDENT _____
(Address) (Town/City) (County)

DATE OF INCIDENT _____ Year _____ Month _____ Day TIME OF INCIDENT _____ AM _____ PM

INCIDENT INVESTIGATED BY _____ TELEPHONE & EXTENSION _____

ADDRESS OF INVESTIGATOR _____
(Street/PO Box) (Town/City) (Zip)

REPORT FILED AT _____ COPY OF REPORT ATTACHED? _____ YES _____ NO

NOTE* A multiple-hospitalization incident must involve at least FIVE (5) or more employees who are ACTUALLY hospitalized. Use a separate form for EACH hospitalized employee. (REV. 1/11)