

**Hospitalization, Amputation or
Fatality Report
To Authorities**

Complete the following:

Establishment Name: _____ Location: _____

Location of Incident: _____

Number of Fatalities: _____ Number of Hospitalized Employees: _____

Time of Incident : AM / PM

Date of Incident: _____

Brief Description of Incident

CONTACT _____ Corporate Safety with the above information.

A member of _____ Corporate Safety will report the incident to the appropriate authorities. They will contact you with the below information. Please fill in the remainder of the form with that information and retain this form with the incident investigation paperwork.

Date and Time of Report

/	/	:	AM / PM
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Reported to: _____

Representative of Appropriate Authority

	By telephone
	In person

Reported by: _____
Representative