**This model form/template must be customized to meet your Agency’s needs.**

**When to Report**

* When any serious injury, illness, or death, of an employee occurs in a place of employment or in connection with any employment.
* Within **eight** hours after the employer knows, or with diligent inquiry would have known.

**Serious Injury**

Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement.

**Responsibilities**

The following persons are responsible for reporting when required.

**Lead:** Name or position of the person responsible

**Alternate 1:** Name or position if Lead is not available

**Alternate 2:** Name or position if Lead or Alternate 1 is not available

**What to Report**

1. Time and date of accident.
2. Employer's name, address, and telephone number.
3. Name and job title of person reporting the accident.
4. Address of site of accident or event.
5. Name of person to contact at site of accident.
6. Name and address of injured employee(s).
7. Nature of injury.
8. Location where injured employee(s) was (were) moved to.
9. List and identity of other law enforcement agencies present at the site of accident.
10. Description of accident and whether the accident scene or instrumentality has been altered.

**How to Report**

1. Call the Local Cal/OSHA Enforcement Office. See <https://www.dir.ca.gov/dosh/report-accident-or-injury.html> or the attached district office flyer.

**Note:** If you leave a message, the JPIA recommends following up with an email.

1. Email: [caloshaaccidentreport@tel-us.com](mailto:caloshaaccidentreport@tel-us.com)

**Document Report**

See Serious Injury/Illness/Fatality Reporting Form. Consider adding to the agency’s IIPP.

**A map of the state of california

Description automatically generated**

**What to Report: Fill out as much as possible prior to reporting.**

1. Date and Time of Accident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List Organization Name, Address, and Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Person Reporting Accident Name and Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Adress of accident site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Person to Contact at site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name and Address of Injured Employee(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Nature of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location where injured employee(s) was (were) moved to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any law enforcement agencies present at the site of the accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Description of the accident and whether the accident scene or instrumentality has been altered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where to Report:** (recommended filling out when adopting the form)

Local Cal/OSHA Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**And/Or**

Email**:** [**caloshaaccidentreport@tel-us.com**](mailto:caloshaaccidentreport@tel-us.com)

**Document Reporting**

When was the Incident Reported: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of person reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person that reported Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_