Iowa Division of Labor
OSHA Enforcement
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5660
Fax: 515-725-2024
www.iowaosha.gov
OSHA@iwd.iowa.gov

FOR OFFICE USE ONLY

Received by: _____
Sent by: ☐Fax ☐Phone ☐Email
Date:_____ Time: _____
Inspection planned: ☐Yes ☐No
Inspection #:_____CSHO: _____
Autopsy performed: ☐Yes ☐No

Employer Incident Report Form

Enter # of affected employees: Fatality 0 Hospitalization 0 Loss of an eye 0 Amputation 0

Business name		Federal ID #	NAICS	Total employees	
Mailing address		City	State	Zip	
Phone	Fax	Business activity			
Ownership: ☐Private ☐Local Government ☐State Government ☐Federal Agency			Union? ☐Yes ☐No		
Your name (employer representative)		Job title			
Phone number	Fax number	Email address			
Event address ☐Same as mailing address		City	State	Zip	
Victim's name	Age	Occupation			
Employee type: ☐Current ☐Temporary		Accident date	Accident time		
Description of incident					

Fatality next of kin information

Name	Relationship	Phone number	
Mailing address	City	State	Zip