U.S. Department of the Interior

Indian Affairs

Division of Safety and Risk Management

Serious Accident Notification Form

Purpose: Serious accidents resulting in a fatality or fatalities, the hospitalization of one or more employees, amputation, eye loss, structural fires or property damage in excess of $500,000 shall be **immediately** reported to this office. This form shall be used to provide the applicable information upon notification of this office. Contact information is list below:

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Division Chief
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Date of Mishap:	**Time of Mishap:**	**Location of Mishap:**	
Name(s):			
Job Title:	**Organization:**	**Age:**	**Sex: M F**
Narrative of Mishap (who, what, when, where and why) (include as much detailed information that is available such as, number of injured or hospitalized, conditions at time of mishap, etc.):			

Has DSRM been notified:	**Y**	**N**	**Name/Title of person contacted:**	**Date/Time:**
Has the Regional Director been notified:	**Y**	**N**	**Name/Title of person contacted:**	**Date/Time:**
Has the local OSHA office been notified:	**Y**	**N**	**Name/Title of person contacted:**	**Date/Time:**
Have the Family/Families been notified:	**Y**	**N**	**Name/Title of person contacted:**	**Date/Time:**