

**Nevada Department of Business and Industry
Division of Industrial Relations
Occupational Safety and Health Administration**

1301 N. Green Valley Parkway, Suite 200
Henderson, Nevada 89074

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**Memorandum
Report of a Fatality**

To:
From:

Date:

Date & Time Fatality was Reported to NIOSHA:							
Event Reported By: (Name, Title, Phone #)							
Information Received By: (Name, Title)							
Name of Deceased:							
Address:							
City:		State:		Zip:		County:	
Age:		Date of Birth:					
Race:		Gender:					
Marital Status:		Spouse's Name:					
Did the deceased individual have any children:				Yes:		No:	
				<input type="checkbox"/>		<input type="checkbox"/>	
				Unknown:		<input type="checkbox"/>	
Event Date:		Event Time:		Date of Death:			
Exact location where event took place: (include Project Name (if applicable) Address, City, County & Zip Code):							
Employer:							
Employer Representative: (Name, Title, Phone #)							
Address:							
City:		State:		Zip:			
Type of Industry:		SIC Code:		NAICS Code:			
Occupation:		Union Affiliation:					
How long did the employee work for the employer:							
How long had the employee performed the tasks relating to the incident:							
Will an OSHA Investigation be conducted:				Yes:		No:	
				<input type="checkbox"/>		<input type="checkbox"/>	
Description of Incident:							

cc: