

**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

Phone: (702) 486-9020
Fax: (702) 990-0358

**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:	<input type="checkbox"/>	No:	<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:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Description of Incident:									

cc: