

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

3360 W. Sahara Ave, Suite 200
Las Vegas, Nevada 89102

Phone: (702) 486-9020
Fax: (702) 486-8715

**Memorandum
Report of a Fatality**

To: Ray Fierro – Acting Administrator, DIR
From: Restituto Malicdem – Program Coordinator, NVOSHA

Date:

Date & Time Fatality was Reported to NVOSHA:							
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: Federal OSHA, Region IX, San Francisco, California
Julie White, BLS, Las Vegas, Nevada