

## 1.20

# Fatality Memo Process

**Date: August 25, 2011**

### **I. Purpose**

This directive provides guidance to Compliance Supervisors and Managers to ensure that all fatality memos are appropriately completed, edited, reviewed and approved prior to dissemination.

### **II. Scope and Application**

This Directive applies to all DOSH Compliance Supervisors and Managers statewide. This guidance applies when issuing a fatality memo, regardless of whether an inspection will be conducted. It replaces all previous instructions or guidance on this issue, whether formal or informal.

### **III. Policy Guidance**

1. A fatality memo must be issued no later than close of business on the next work day following notification of a fatality.
2. Compliance Supervisors must ensure that all fatality memos are accurate and appropriately completed, edited, and reviewed.
3. The Compliance Supervisor must ask questions and verify there are no extenuating circumstances associated with the fatality, prior to determining an inspection will not be conducted.
4. When it is determined that an inspection will not be conducted, the Compliance Supervisor must document the rationale for the determination in the fatality memo.
5. The Compliance Manager must review the fatality memo, ensure that it is ready to issue, and then distribute it using the “LNI DL Fatal” distribution list in Outlook.
6. If information changes or new information is received after issuing a fatality memo, the Compliance Supervisor must update it, and the Compliance Manager must reissue it, following the above guidance.
7. All copies of the fatality memo must be saved and included in the file—this includes the initial memo and any updates. A copy of a fatality memo form is attached as Appendix A to this directive.

### **IV. Who to Contact**

Questions regarding this policy or the fatality memo process should be directed to DOSH Compliance Support.

Approved: \_\_\_\_\_



Michael Silverstein, MD, Assistant Director  
Department of Labor and Industries  
Division of Occupational Safety and Health

## APPENDIX A Fatality Memo Form

DEPARTMENT OF LABOR AND INDUSTRIES DIVISION OF OCCUPATIONAL SAFETY AND HEALTH FATALITY MEMO			
<b>Region:</b>			
<b>UBI:/Acct. Number:</b>			
<b>Employer Legal Name:</b>			
<b>Employer DBA Name:</b>			
<b>Type of Business:</b>			
<b>SIC/NAICS Code:</b>			
<b>Employer Site Address:</b>		<b>Event Address:</b>	
<i>[street] [city, zip]</i>		<i>[street] [city, zip]</i>	
<b>Event Date:</b>	<b>Event Time:</b>	<b>When will/did DOSH arrive at the Scene? Date and Time: <i>(If no inspection will be conducted, explain why in the description section)</i></b>	
<b>Date Reported:</b>	<b>Time Reported:</b>	<b>Person Who Reported Fatality:</b>	<b>Phone:</b>
<b>Number of Fatalities:</b>	<b>Number Hospitalized:</b>	<b>Person in Charge at Scene:</b>	<b>Phone:</b>
<b>Number of Persons Unaccounted For:</b>	<b>Number of Employees:</b>	<b>Employer Contact/Title:</b>	<b>Phone:</b>
Description of Accident			
<i>[include brief detailed description of the accident]</i>			
<i>[If no inspection will be conducted, explain why]</i>			
<b>Victim Name(s) and Address (if known):</b>		<b>Next of Kin Name(s) and Address(s) and Phone:</b>	
<i>[name(s)] [address] [city, zip]</i>		<i>[Name(s) and relationship to victim, i.e., wife, brother] [address] [phone]</i>	