

VOSHA Injuries/Illnesses Report

Mandatory Reporting of Injuries/ Illnesses to VOSHA Online Form

Basic Requirements -1904.39(a):

1. Within eight (8) hours after the death of any employee as a result of a work-related incident, you must report the fatality to the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor or the Vermont Occupational Safety and Health Administration (VOSHA).
2. Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the in-patient hospitalization, amputation, or loss of an eye to OSHA or VOSHA.
3. You must report the fatality, in-patient hospitalization, amputation, or loss of an eye using one of the following methods:
 1. By telephone or in person to the OSHA Area Office that is nearest to the site of the incident.
 2. By Telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).
 3. By electronic submission using the form below.)

VOSHA Injuries/Illnesses Report

- Establishment Name*

- Location of the work related incident*

- Date of the work related incident*

- Time of the work related incident*

: HH

MM

- Type of Event (fatality, inpatient hospitalization or 1 or more employees, amputation, loss of an eye*

- Number of injured employee(s)*

- Names and job titles of injured employee(s)*

- Employer's Contact Person and Phone number(s)*

- Brief description of the work related incident*

▪ Report submitted by:

- Name*

First

Last

- Email*

- Phone*

- Address*

Street Address

Address Line 2

City

State

ZIP Code

Submit