

Pacific Area  
Serious Accident Reporting Criteria (ELM 822)

The Performance Cluster manager must, within 8 hours, report every Serious Accident by email or telecommunications (FAX) to the Area Human Resources Manager.

Any fatality, amputation, mutilation, or OSHA-reportable accident must additionally be reported to Safety and Environmental Performance Management, Headquarters.

Pacific Area FAXes:       (858) 674-3181  
--Cathey Sinai           (651) 306-6782  
--Bill Wanlass, Upland   (909) 949-4512  
Headquarters FAX:       (202) 268-2206

### Definitions

The term "Serious Accident" includes:

1. Any occupational accident that is fatal to one (1) or more employees.
2. Any occupational accident that results in the in-patient\* hospitalization of one (1) or more employees.
3. Any occupational illness or disease which results in the death of an employee.
4. Any postal related accident involving nonpostal persons that results in a fatality or the in-patient\* hospitalization of one (1) or more persons.
5. Any occupational accident that is not immediately reportable but that results in the death of an employee or nonpostal person within 6 months of the date of the accident.
6. Any occupational injury to an employee or nonpostal person involving mutilation, amputation, (including major cartilaginous body parts such as ears, nose, etc.), or loss of vision in one or both eyes.
7. Any occupational accident involving property damage (combined postal and non-postal) estimated to exceed \$100,000.
8. Any occupational accident that results in in-patient\* hospitalization due to chemical exposure.

\*In-patient hospitalization does not include observation, emergency room, and all other forms of out-patient care.

OSHA Reportable Accidents are:

1. Any occupational accident that is fatal to one (1) or more employees.
2. Any occupational accident that results in the in-patient\* hospitalization of three (3) or more employees.
3. Any occupational illness or disease which results in the death of an employee.
4. Any postal related accident involving nonpostal persons that results in a fatality or the in-patient\* hospitalization of one (1) or more persons.
5. Any occupational accident that is not immediately reportable but that results in the death of an employee or nonpostal person within 6 months of the date of the accident.
6. Any occupational injury to an employee or nonpostal person involving mutilation, amputation, (including major cartilaginous body parts such as ears, nose, etc.), or loss of vision in one or both eyes.

At a minimum, the preliminary report must include the following information concerning the accident:

Preliminary Serious Accident Report Format:

1. Post office or facility, city, state and ZIP Code.
2. Name, title, and phone number of installation head. State whether this official is personally acquainted with the situation.
3. Brief description of accident including:
  - a. Date and time of accident and/or death. Note: Make a supplementary report if a death occurs after the initial report.
  - b. Accident location.
  - c. Name, home address, title, age, sex, years of service, and extent of injuries to postal employee(s).
  - d. Name, age, sex, address and extent of injuries to non-postal persons involved.
  - e. Type of work employee was performing when the accident occurred.
  - f. Vehicle, equipment, or property damaged (postal or non-postal). If vehicle - make, model, and type. State whether seat belt was used.
  - g. Probable cause(s) of accident.
  - h. Police charges, if any, and if known.
  - i. Name, title, and level of supervisor on duty.