Safety, Health, and Essential Rights
1220 Washington Ave
Building 12, Room 169
Albany, NY 12226

NEW YORK STATE | Department of Labor
WORKING FOR YOU

Attn: Construction Fatality
Registry Program

Construction Industry Fatality Registry Contractor – Reporting Form

NYS DOL receives information from medical examiners, county coroners, or authorized death-registering officials about workplace fatalities reportable under New York Labor Law Section 44. NYS DOL then notifies the contractor of the deceased worker. The contractor must submit information to NYS DOL within 90 days upon notification. If you are the contractor of a deceased worker notified by NYS DOL about a workplace fatality, please complete this form and mail it within 90 days to the above address or email to Construction.Fatalities@labor.ny.gov.

Business Information

Case number (if known):_____

Contractor business name:_____

Business address: _____

City: _____ State: _____ Zip:_____

Name of the contact person for the business: _____

Contact phone number: _____ Contact E-mail: _____

Business Purpose or industry of the contractor: _____

Worker Information

Worker name: _____ Worker age: _____

Worker ethnicity: ☐ White ☐ Black ☐ Asian/Pacific ☐ Hispanic ☐ Native American ☐ Other ☐ Unknown

Worker nationality: _____ ☐ Unknown

Worker immigration status: ☐ Authorized to work in the US ☐ Not authorized to work in the US ☐ Unknown

Worker craft, trade, or occupation: _____

Worker union status: ☐ Union ☐ Non-Union

Incident Description

(Give a brief, detailed description about incident resulting in workplace fatality that involved the deceased worker)

_____

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For more information about this law visit: https://dol.ny.gov/construction-industry-fatality-registry