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 Reporting Official – Reporting Form

NYS DOL receives information from medical examiners, county coroners, or authorized death-registering officials (reporting officials) about workplace fatalities involving a deceased worker reportable under New York Labor Law Section 44. If you are a reporting official who needs to submit such information to the NYS DOL, please complete this form and mail it within 72 hours of determination of cause and manner of death was the result of a construction work-related fatal injury to the above address or email to Construction.Fatalities@labor.ny.gov.

Worker Information

Worker name: _____ Worker age: _____

Cause of death: _____ If Other: (Please write in)_____

Manner of death:_____

Location of incident: _____ Date of incident: _____

_____ Date of death: _____

Location of death: _____ Date of determination of death:

_____ _____

Contractor Information

Name of contractor: _____

Business address of the contractor: _____

City: _____ State:_____ Zip _____

Official(s) Information

Name of the official or medical personnel making declaration of the death: _____

Title of the official or medical personnel making declaration of death: _____

Death declarer's organization/employer: _____

Contact phone number: _____ Contact E-mail: _____

Name of the person(s) charged with making the determination of the cause and the manner of death:

Cause: _____

Contact phone number: _____ Contact E-mail: _____

*Manner:*_____

Contact phone number: _____ Contact E-mail:_____

Reporting Official (Contact person making notification to the Department)

Name: _____ Title: _____

Organization/employer: _____

Contact phone number: _____ Contact E-mail: _____

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