

277:15-b Reports of Death or Serious Injury. –

I. Every **employer shall report the death** of any person in the workplace or on the workplace premises **within 8 hours** of such occurrence to the commissioner of the department of labor by telephone or electronically, stating as fully as possible the cause of the death and the place where the body of the deceased person was sent, and supplying any other information relative to the death that may be required by the commissioner. The commissioner shall investigate the cause of death and may notify the employer of precautions to be taken that may prevent the recurrence of similar events. A statement contained in any such report shall not be admissible in evidence in any action arising out of the death reported.

II. Every employer **shall report the serious injury** of any person in the workplace or on the workplace premises **within 24 hours** of such occurrence to the commissioner of the department of labor by telephone or electronically, stating as fully as possible the cause of the injury and the place where the injured person was sent for medical evaluation or treatment, and supplying any other information relative to the injury that may be required by the commissioner. The commissioner may investigate the cause of the injury and notify the employer of precautions to be taken that may prevent the recurrence of similar events. A statement contained in any such report shall not be admissible in evidence in any action arising out of the injury reported.

Source. 2019, 29:2, eff. July 14, 2019.

277:1-b Definitions.

V. "**Serious injury**" means an incident that results in an amputation, loss or fracture of any body part, head injury, or internal injury that necessitates immediate hospitalization.

Lab 1402.05 **“Hospitalization”** means care in a hospital that includes admission as an inpatient and an overnight stay.

Lab 1403.04 Accident Reporting Requirements for Fatality and Serious Injury.

(a) **Within 8 hours** after its occurrence, the employer shall report an employment accident which is **fatal** to one or more employees to the commissioner of labor. Notification may be given by telephone by calling **(603) 271-0127 or 271-6850** or via e-mail at SafetyDiv@dol.nh.gov.

(b) The reporter shall include the following information:

- (1) Date and time of fatality;
- (2) Location of fatality;
- (3) Cause of death; and
- (4) Place where the body of the deceased person was sent.

(c) **Within 24 hours** after the occurrence of a workplace injury which necessitates hospitalization for a **serious injury** for one or more employees, the employer shall report the employment accident to the commissioner of labor. Notification may be given by telephone by calling **(603) 271-0127 or 271-6850** or via email to SafetyDiv@dol.nh.gov.

(d) The reporter shall include the following information;

- (1) Date of injury;
- (2) Time of injury;
- (3) Cause of the injury;
- (4) Place where the injured person was sent for medical evaluation or treatment; and
- (5) Place where the injured person was hospitalized.