

6.1 Purpose

To provide guidance for Washington State Department of Transportation (WSDOT) employees in the reporting, investigating, and reviewing of all employee occupational injuries and illnesses, motor vehicle/vessel accidents, and property/equipment damage accidents.

6.2 Scope and Applicability

These procedures are not intended to address disciplinary action nor are they intended to determine eligibility regarding department employee recognition programs. Employee fault and any subsequent actions or determinations resulting from an accident are separate from this accident reporting and review process and come under the jurisdiction of Executive Management, Appointing Authorities, and applicable Human Resources policy and contractual obligations.

This chapter has been developed for accident reporting and review using the referenced Washington Administrative Code (WAC) chapter as guidance and apply to all department employees.

6.3 References

WSDOT accident reporting and review is administered in accordance with the following references:

- WAC 296-27 *Recordkeeping and reporting*
<http://apps.leg.wa.gov/wac/default.aspx?dispo=true&cite=296-27>
- Health Insurance Portability and Accountability Act (HIPAA)
www.hhs.gov/ocr/hipaa

6.4 Definitions

Accident Investigator – The supervisor or person in charge of the involved employee who performs the accident investigation. Depending on the seriousness and complexity of the accident, safety staff at the region, Ferries Division or Headquarters Safety and Health Services may assist in or conduct the accident investigation. In the case of a fatality or multiple injuries, the Department of Labor and Industries will conduct an additional parallel investigation.

Accident Reviewer – The next-level manager or other manager to whom the accident investigator is a direct report. The reviewer is typically in the same organization as the involved employee and the investigator. May also be specifically appointed by the Region Administrator.

Injury or Illness – An abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning, and typically treated by a Licensed Health Care Professional (LHCP).

Injury, Minor – An injury that is not OSHA recordable as defined by WAC 296-27-01101 and did not result in care by an (LHCP).

Near-Miss/Close Call – An event that, under slightly different circumstances, could have resulted in personal harm or property damage.

OSHA Recordable Accident – (*Note:* ALL accidents are reportable. OSHA recordable accidents are a subset of reportable accidents.) All work-related deaths and illnesses which result in loss of consciousness, or occupational injuries resulting in restriction of work or motion, transfer to another job, lost workdays, or medical treatment beyond first-aid.

Note: The record-keeping and reporting requirements of this chapter are separate and distinct from the record-keeping and reporting requirements under Title 51 RCW (the Industrial Insurance Act).

Preventative Action Plan (PAP) – A written preventative plan of action prepared by the investigator/supervisor outlining the steps to be taken to correct a deficiency in the system, including standard operating procedures, training, or equipment for accident prevention purposes. The PAP includes the plan objective, the action steps to be taken, who is responsible to take the steps, and the proposed or actual completion date. The accident reviewer should sign the plan. The PAP must include systemic issues that may have contributed to the accident and the proposed changes to prevent recurrence. Examples of these are:

- Modifications or additions to training
- Use of different tools and/or equipment
- Allowing more time to complete the assignment
- Modifications to the Pre-Activity Safety Plan
- Clearer direction
- Actions and support by others

Reportable Accident – All work-related accidents that result in deaths, injuries, illnesses; incidents or near-misses (see definition above for OSHA Recordable Accident); accidents involving state/third party motor vehicle/ vessel, property and equipment. All Transportation Equipment Fund (TEF) vehicles and equipment damage will be reported. For other property or non- inventoried equipment, only accidents resulting in damages estimated at \$300 or greater will be reported. All reportable accidents will be documented using Accident/Incident Report DOT Form 750-100 EF.

Safety Organization – Headquarters Safety and Health Office staff, Region Safety Office staff.

Serious Accidents or Injuries – An event that results in employee being struck in a work zone, admitted to medical facility, fatality, or has likelihood of becoming a high profile incident.

6.5 General Responsibilities

As assigned in [Chapter 1](#) as well as the items below specific to accident reporting and review policy.

6.5-1 Executive, Senior, and Mid-Level Management

- Notify other appropriate managers of accident information.
- Inform supervisors of their responsibility to report and investigate accidents in accordance with this chapter.
- Appoint another supervisor to investigate the accident if the immediate supervisor is not available.
- Review the Employee's and Supervisor's Sections of the Accident/Incident Report DOT Form 750-100 EF for completeness in accordance with Section 6.2 of this chapter.
- Interview the employee and supervisor about the report as necessary.
- Ensure that preventive actions are taken to prevent similar accidents.

Preventive action must consider systemic issues that may have contributed to the accident.

- Complete the Reviewer's Section on DOT Form 750-100 EF.
- Forward the completed report to the Region Safety Office and Equipment Superintendent if equipment damage is involved including the final PAP within 10 working days after receiving the Accident/Incident Report from the supervisor.
- Manager will ensure that the supervisor of injured employee receives appropriate support as needed, i.e., job site coverage, and document completion.
- Review of accidents reported and subsequent review to ensure the proper procedures are followed.
- Appointing Authority is to meet with immediate supervisor of involved employee within three days of reportable accident.
- Determine if Preventative Action Plan (PAP) is appropriate; if appropriate controls were utilized; and if lessons learned should be communicated to others in the department.

6.5-2 Immediate Supervisor of Employee

- Ensure that the injured employee is transported to a medical facility.
- Accompany or meet the injured employee at a medical facility.
- Notify the next-level manager.
- Investigate accidents, as described in Section 6.1, and complete the Investigator's Section of the accident report, including the Preventive Action Plan (PAP); forward the form to the next level manager within three workdays.
- Immediately notify the Region Safety Office of a work-related accident resulting in:
 - A death
 - A probable death
 - One or more employees being admitted to a hospital

- Secure scene of accident resulting in death, probable death, or hospitalization for purposes of investigation.

Other occupational injury accidents will be reported within 24 hours after the accident. Incidents are to be reported to the Region Safety Office.

- Notify the Region Safety Office of reportable accidents involving state/ third party motor vehicle/vessel, property, and equipment as soon as practical after the accident or during the next workday.
- Advise the involved employee on how to report the accident. If the employee is unavailable to complete the Employee's Section of the Accident/Incident Report, the immediate supervisor is responsible for obtaining the information from the involved employee and/or other witnesses and entering the information onto the form.
- Ensure Employee's and Supervisor's Sections of the Accident/Incident Report DOT Form 750-100 EF, have been filled out completely and copy of Pre-Activity Safety Plan (PASP) is attached.
- Ensure that injured employee obtains required documents from medical provider. See Section 5.3.
- Take immediate short-term action steps to safeguard department staff and assets;
- Meet with their Appointing Authority within three workdays of the injury accident.

6.5-3 Employee

- Immediately seek first-aid or medical care in the event of an injury.
- Immediately notify the Traffic Management Center (TMC) according to region policy concerning reportable accidents (typically involving state/third party motor vehicle/vessel, property, and equipment).
- Notify your immediate supervisor of all reportable accidents and near misses.
- Complete the Employee Section of the Accident/Incident Report DOT Form 750-100 EF, according to the following timetables and forward it to their supervisors.
 - Injury Accidents – Within 24 hours of the accident or the next scheduled workday.
 - Near Misses or Close Calls – Within 24 hours of the incident. Only blocks 1-18 of the Accident/Incident Report DOT Form 750-100 EF, are required to be completed.
 - Injuries Including Minor Injuries – Within 24 hours of the incident. Blocks 1-26 are required to be completed in the Accident/Incident Report DOT Form 750-100 EF.
- Notify the immediate supervisor of reportable accidents involving state/third party motor vehicle/vessel, property, and equipment as soon as practical after the accident or during the next workday. Blocks 1-26 and 69-157 of the Accident/Incident Report DOT Form 750-100 EF, are required to be completed.

- Secure from medical provider on initial visit for work related injury or illness;
 - WSDOT Activity Prescription Form (DOT Form 750-031 EF) or Insurer Activity Prescription Form (APF) (L&I form number F242-385-000).
 - Labor and Industries Claim Number.
- Provide accident prevention information about the accident to the Investigator.
- Notify your immediate supervisor of non-occupational injury.

6.5-4 Safety Organization

6.5-4.1 Region Safety Office

- Assist in developing or securing training of supervisors on conducting accident investigations.
- Assist in developing or securing training for supervisors and employees on the accident reporting process.
- Contact the nearest office of the Department of Labor and Industries in person or by phone at 1-800-4BE-SAFE within eight hours of a work-related incident or accident resulting in:
 - A death
 - A probable death
 - One or more employees being admitted to a hospital
- Notify management and the Headquarters Safety and Health Services Office of an accident as follows:
 - Serious injuries requiring hospitalization: within 24 hours
 - Fatalities: immediately
 - Incidents that could have potential public relations impact: within 24 hours
- Assist supervisors in conducting, or personally conduct accident investigations as necessary.
- Receive and review the completed accident report for accuracy and completeness and forward the reports involving vehicles to Headquarters Safety and Health Services Office.
- Enter accident data into the statewide or Ferries database, as appropriate.
- Maintain region accident records.
- Review, store, and analyze region accident information for trends and causal factors.
- Prepare periodic region reports for managers.
- Disseminate region accident trend data and charts to executives.
- Communicate lessons learned.

6.5-4.2 Headquarters Safety and Health Services Office

- Assist accident investigators, as necessary.
- Notify Executive Management and Communications Office of serious worker accidents.
- Analyze statewide accident information.
- Maintain the accident reporting and review system forms and database.
- Prepare periodic statewide reports for managers.
- Disseminate statewide accident trend data and charts to executives.

6.6 Policy

- Work with the regions and Ferries Division to identify, develop, and execute actions for long-term accident prevention strategies with department-wide impact.
- Forward accident reports involving vehicles to OFM Risk Management.

6.6-1 Investigating Accidents

Any equipment involved in an accident resulting in a fatality or hospitalization shall not be moved other than to prevent further incidents and injuries.

The Accident Investigator will receive the Employee Section of the Accident/ Incident Report from the involved employee and gather additional information about the accident, assist in determining what their organization will do to prevent a similar occurrence, and fill out the Supervisor's Section of the Accident/Incident Report.

The accident investigation is conducted to:

- Determine the pertinent facts surrounding the accident.
- Determine the contributing factors to the accident.
- Develop controls to minimize or eliminate the cause.
- Define trends.
- Demonstrate agency concern for reducing injury and property damage accidents.

The Investigator shall interview the involved employee and other witnesses to clarify, get additional information, and to develop an accident diagram for vehicle accidents, as appropriate.

If initial investigation suggests immediate short-term actions need to be taken to safeguard personnel or assets, they should be implemented.

The Accident Investigator:

- Determines the primary and contributing factors to the accident.
- Identifies the dates and steps in the PAP that are to be completed.

6.6-2 Accident Review

The Accident Reviewer ensures that the Employee and Supervisor Sections of the Accident/Incident Report are complete and that a thorough analysis of the accident was conducted as to the primary and contributing factors that led to the accident. If a PAP is needed, the Reviewer will ensure that PAP is reviewed, approved, and implemented. The Reviewer is also to report completion of the PAP to the Region or Ferries Division Safety Office. The appropriate Region or Ferries Division Safety Manager will provide a copy of the completed report to the involved employee and Accident Reviewer upon request.

6.6-3 Training

Accident reviewers, supervisors, and employees shall be trained on their roles and responsibilities related to the accident reporting and review process.

Because accident investigation is critical to determining root cause/s of the accident, those responsible for conducting accident investigations, primarily supervisors, shall be trained on conducting accident investigations. Accident reviewers, because they are responsible for the appropriateness of the accident investigation and the preventive action plans, also need to be trained on the process and the principles of accident prevention and hazard control to effectively perform quality control.

6.6-4 Recordkeeping

The official Safety and Health Files of department employees are maintained in Region Safety Offices. The official Safety and Health Files of Ferries Division employees are maintained in the Ferries Division Safety Office.

The Safety and Health Files contain accident and incident records, Labor and Industries claim information, and medical surveillance records. Recordkeeping must comply with the privacy requirements of the Health Information Portability and Accountability Act (HIPAA).


6-7 Appendices

Appendix 6-A	Accident/Incident Report
Appendix 6-B	Activity Prescription Form

Appendix 6-A

Accident/Incident Report

To download a current copy of DOT Form 750-100, go to the Forms Management Web site: wwwi.wsdot.wa.gov/fasc/adminservices/forms/formfiles/WSDOT_forms

To Be Completed By Employee or Employee's Supervisor	 Washington State Department of Transportation		Accident / Incident Report		
	[1] Employee Name (Last, First, MI)		[2] Phone Number	[3] Region	
	[4] Org Code	[5] Job Title	[6] Work Hours	[7] Work Days	
	[8] Date and Time of Incident		[9] Date of Report	[10] Date and Time Reported to Supervisor	
	[11] Supervisor's Name			[12] Phone Number	
	[13] Type of Workplace Incident (Check all that apply)				
	<input type="checkbox"/> State-Owned Property/Equipment <input type="checkbox"/> Involving State Vehicle <input type="checkbox"/> Involving POV on Official Business <input type="checkbox"/> Involving Marine Vessel <input type="checkbox"/> Non-State-Owned Property/Equipment		<input type="checkbox"/> Near Miss - Close Call (Complete Questions 1 thru 18) <input type="checkbox"/> Injury, Minor (Not involving Licensed Healthcare Professional, complete 1 thru 26) <input type="checkbox"/> Injury (Involving Licensed Healthcare Professional) <input type="checkbox"/> Illness <input type="checkbox"/> Fatality		
	[14] Describe in Detail the Incident and Work Activity (Attach additional documentation, if necessary)				
	[15] List any Witnesses and Phone Numbers				
	[16] Specific Location of Incident (e.g., SR / Milepost / Address, Vessel, etc.)				
	[17] Did Incident Occur Within a Workzone? <input type="checkbox"/> Yes <input type="checkbox"/> No		[18] Work Operation Code		
	[19] Type of Injury			[20] Specific Part of Body Injured	
	[21] Source of Injury		[22] Cause of Injury		
	[23] Medical Treatment (Check all that apply)				
<input type="checkbox"/> On-site First Aid Only <input type="checkbox"/> Treated at Clinic		<input type="checkbox"/> Treated at Emergency Room <input type="checkbox"/> Treated via Outpatient Care		<input type="checkbox"/> Hospitalized <input type="checkbox"/> Other <input type="checkbox"/> None	
[24] Report Completed By (Printed Name and Signature)		[25] Date	[26] Phone Number		

If this incident involved any vehicles or equipment complete questions 69 through 157 (pages 4 and 5) of this form.

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To Be Completed By Employee's Supervisor

[27] Investigator's Name (Last, First, MI)	[28] Title	[29] Phone Number
[30] Date Investigation Began	[31] Date Investigation Completed	[32] Supervisor's Org Code
[33] Has the Employee Returned to Work? <input type="checkbox"/> No - Anticipated Return Date _____ <input type="checkbox"/> Yes - Date Returned to Work _____ <input type="checkbox"/> Full Duty <input type="checkbox"/> Restricted Duty - Anticipated Return to Full Duty _____		
[34] Investigation Summary (Describe in detail - Who, What, Where, When?) (Attach additional documentation, if necessary)		
[35] Prior to Starting Work Was a Safety Briefing Conducted? (Check all that apply and attach) <input type="checkbox"/> Pre Activity Safety Plan (PASP) <input type="checkbox"/> Tailgate Talk <input type="checkbox"/> Safety Briefing		
[36] List the Personal Protective Equipment (PPE) in Use at the Time of the Incident. If NO PPE was in Use, Explain Why. (Attach additional documentation, if necessary)		
[37] Preventative Action Plan (PAP) - Include planned date of completion, and what operational and/or administrative changes to be made to prevent similar incidents. Outline the steps to be taken to correct a deficiency in standard operating procedures, training, or equipment for accident prevention purposes. See Chapter 6 of the Safety Manual. (Attach additional documentation, if necessary)		
[38] Is There any Equipment or Vehicle Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Ensure that Questions 69 through 157 (pages 4 and 5) of this form are Completed.		
[39] Investigated By (Printed Name and Signature)		[40] Date

Incident Reviewer	[41] Date Report Reviewed	[42] Reviewer's Name (Last, First)	[43] Reviewer's Org Code
	[44] Title		[45] Phone Number
	[46] Reviewer Comments (e.g., preventative actions taken, compliance with safety standards, cause, etc.) (Attach additional documentation, if necessary)		
	[47] Reviewer Signature		[48] Date

Region Safety Manager	[49] Employee Risk Classification Code (Check One) <input type="checkbox"/> 4902-00 Clerical/Administrative Office Personnel <input type="checkbox"/> 5307-00 Employees - N.O.C. <input type="checkbox"/> 5300-00 Administrative Field Personnel		
	[50] OSHA Recordable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	[51] If "Yes", Recordability Criteria (Check All that Apply) <input type="checkbox"/> Death - § 1904.7(b)(2) <input type="checkbox"/> Days away from work - § 1904.7(b)(3) <input type="checkbox"/> Restricted work or transfer to another job - § 1904.7(b)(4) <input type="checkbox"/> Medical treatment beyond first aid - § 1904.7(b)(5) <input type="checkbox"/> Loss of consciousness - § 1904.7(b)(6) <input type="checkbox"/> A significant injury or illness - § 1904.7(b)(7) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Other	
	[52] Are all applicable sections of this report complete? <input type="checkbox"/> Yes <input type="checkbox"/> No CS Case Number _____		
[53] Safety Manager (Printed Name and Signature)		[54] Safety Manager Phone	[55] Date

Equipment Technician	[56] Type of Vehicle and/or equipment involved (Check all that apply) <input type="checkbox"/> State Owned <input type="checkbox"/> POV on State Business <input type="checkbox"/> Other (Describe) _____				
	[57] Vehicle/Equipment Make	[58] Body Type	[59] Model	[60] Year	[61] License Number
	[62] Equipment Number (If State Owned)	[63] Estimated Cost of Repairs	[64] Charge Codes		
	[65] Repairs Chargeable To <input type="checkbox"/> Maintenance <input type="checkbox"/> Engineering <input type="checkbox"/> Other _____				
	[66] Equipment Technician Notes - Include estimated repair costs, replacement equipment costs, and any mechanical factors that may be pertinent to the incident. (Attach additional documentation, if necessary)				
	[67] Equipment Technician (Printed Name and Signature)				[68] Date

If this incident involved any vehicles or equipment complete questions 69 through 157 (pages 4 and 5) of this form.

Conditions	[69] Type of Road Surface		[70] Road Condition		[71] Weather Condition		
	[72] Warning Equipment in Use When the Incident Occurred (Check all that apply) <input type="checkbox"/> Rotating Flashers <input type="checkbox"/> Arrow Board <input type="checkbox"/> TMA <input type="checkbox"/> Other (Describe)						
	[73] Was Vehicle and/or Equipment Damage Caused by other Non-WSDOT Party? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	[74] Type of Vehicle and/or equipment involved (Check all that apply) <input type="checkbox"/> State Owned <input type="checkbox"/> POV on State Business <input type="checkbox"/> Other (Describe)						
	[75] Vehicle/Equipment Make		[76] Body Type		[77] Model	[78] Year	[79] License Number
	[80] Equipment Number (If State Owned)			[81] Estimated Cost of Repairs			
	[82] Operator's License No.		[83] Was vehicle being used on Official State Business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	[84] Have you had a previous accident while driving on state business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	[85] If Privately Owned, Name and Address of Owner						
	[86] Owner Car No. 2		[87] Phone		[106] Owner Car No. 3		[107] Phone
	[88] Address		[89] City	[90] Zip Code	[108] Address		[109] City
[91] Driver		[92] Phone				[111] Driver	[112] Phone
[93] Address		[94] City	[95] Zip Code	[113] Address		[114] City	[115] Zip Code
[96] Driver's License No.		[97] Vehicle License No.		[116] Driver's License No.		[117] Vehicle License No.	
[98] Vehicle Make	[99] Year	[100] Body Type		[118] Vehicle Make	[119] Year	[120] Body Type	
[101] Name of Passengers				[121] Name of Passengers			
[102] Repair Cost		[103] Describe Damage			[122] Repair Cost	[123] Describe Damage	
[104] Insurance Company		[105] Policy No.		[124] Insurance Company		[125] Policy No.	
[126] What was Damaged?							
[127] Name and Address of Owner			[128] City	[129] Zip Code	[130] Phone		



Washington State
Department of Transportation

WSDOT Activity Prescription (APF)

Medical Provider: WSDOT utilizes this form for both job related and non-job related conditions. Please complete thoroughly to inform WSDOT of employee's ability to work with or without restrictions.

Worker's Name	Visit Date:	Claim Number (if appropriate):
Health-Care Provider's Name (Printed)		Date of Injury

Released for Work (Check One)

- Worker is Released to the job of injury without restrictions on (date) _____ Skip to "Plans" section below.
- Worker may perform modified duty (altered duties or limited hours), if available, from date _____ to _____ for _____ hours/day

Will using any prescribed or non-prescribed drugs affect employee in performing safety-sensitive functions, or affect job performance? If yes, please attach a written explanation.

Estimate physical capacities below.

- Worker not released to any work from (date) _____ to _____
 - Prognosis poor for return to work at the job of injury at any date
 - May need assistance returning to work

Doctor's Estimate of Physical Capacities

- Temporary Restrictions Permanent/Indefinite Restrictions

Worker Can (Related to work injury) Blank space = Not restricted	Never	Seldom 1-10% 0 - 1 hr	Occasional 11 - 33% 1 - 3 hrs	Frequent 34 - 66% 3 - 5 hrs	Constant 67-100%Not Restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulder L,R,B					
Keyboard					
Wrist (flex/extension) L,R,B					
Grasp (forceful) L,R,B					
Fine manipulation L, R, B					
Operate foot Controls L,R,B					
Lifting / Pushing	Never	Seldom	Occasional	Frequent	Constant
Example	50 Lbs	20 Lbs	10 Lbs	0 lbs	0 lbs
Carry L, R, B	Lbs	Lbs	Lbs	Lbs	Lbs
Lift L, R, B	Lbs	Lbs	Lbs	Lbs	Lbs
Push / Pull	Lbs	Lbs	Lbs	Lbs	Lbs

Other Restrictions / Instructions

Medically Approved Absence Dates

For WSDOT Use Only

Supervisor

Can you accommodate restrictions noted on form?

- Yes until date _____
- No, indicate reason _____

Supervisors Signature

For L&I claims, please send this form to HR Return to Work (fax: 360.705.6807 / MS: 47310). For non-claim related issues, please send to regional HR office. This form should not be retained in employee personnel file.

Plans

- Worker progress As expected / better than expected. Circle one
 Slower than expected. For OJI address in chart notes
- Current rehab PT OT Home exercise Rest
 Other _____
- Surgery Indicated / planned Not Indicated
- Comments (prognosis only)

- Next scheduled visit is _____
- None, Treatment concluded, Max. Medical Improvement (MMI)
 Any permanent partial impairment? Yes No Possibly
- Will you rate impairment? Yes, please attach No
- If not, will you refer for a rating consultation? Yes No
- Care transferred to _____
- Study pending
- Consultation scheduled with _____

Physician's Signature	<input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C	Phone Number	Date
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If L & I claim please fax to 360-705-6807.

Employee Release

I authorize my health care provider to complete and forward this medical questionnaire to the Washington State Department of Transportation.

Employee Signature

Date

Employee Print Name

The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).

DOT Form 750-031 EF
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