

1. ACCIDENT CLASSIFICATION				
PERSONNEL CLASSIFICATION	INJURY/ILLNESS/FATAL	PROPERTY DAMAGE	MOTOR VEHICLE INVOLVED	DIVING
GOVERNMENT <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> FATAL <input type="checkbox"/> OTHER	<del>XXXXXXXXXX</del>	<input type="checkbox"/>	<del>XXXXXXXXXX</del>

2. PERSONAL DATA				
a. Name (Last, First, MI)	b. AGE	c. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	d. SOCIAL SECURITY NUMBER	e. GRADE
f. JOB SERIES/TITLE	g. DUTY STATUS <input type="checkbox"/> ON DUTY <input type="checkbox"/> TDY  <input type="checkbox"/> OFF DUTY		h. EMPLOYMENT STATUS AT TIME OF ACCIDENT <input type="checkbox"/> ARMY ACTIVE <input type="checkbox"/> ARMY RESERVE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PERMANENT <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (Specify) _____	

3. GENERAL INFORMATION			
a. DATE OF ACCIDENT <i>(month/day/year)</i>	b. TIME OF ACCIDENT <i>(Military time)</i> hrs	c. EXACT LOCATION OF ACCIDENT	d. CONTRACTOR'S NAME  (1) PRIME:  (2) SUBCONTRACTOR:
e. CONTRACT NUMBER  <input type="checkbox"/> CIVIL WORKS <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER (SPECIFY) _____		f. TYPE OF CONTRACT <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> A/E <input type="checkbox"/> DREDGE <input type="checkbox"/> OTHER (SPECIFY) _____	g. HAZARDOUS/TOXIC WASTE ACTIVITY <input type="checkbox"/> SUPERFUND <input type="checkbox"/> DERP <input type="checkbox"/> IRP <input type="checkbox"/> OTHER (Specify) _____

4. CONSTRUCTION ACTIVITIES ONLY <i>(Fill in line and corresponding code number in box from list - see instructions)</i>	
a. CONSTRUCTION ACTIVITY _____ (CODE) # _____	b. TYPE OF CONSTRUCTION EQUIPMENT _____ (CODE) # _____

5. INJURY/ILLNESS INFORMATION <i>(Include name on line and corresponding code number in box for items e, f &amp; g - see instructions)</i>			
a. SEVERITY OF ILLNESS / INJURY _____ (CODE) # _____	b. ESTIMATED DAYS LOST	c. ESTIMATED DAYS HOSPITALIZED	d. ESTIMATED DAYS RESTRICTED DUTY
e. BODY PART AFFECTED PRIMARY _____ (CODE) # _____ SECONDARY _____ (CODE) # _____	g. TYPE AND SOURCE OF INJURY/ILLNESS TYPE _____ (CODE) # _____ SOURCE _____ (CODE) # _____		
f. NATURE OF ILLNESS / INJURY _____ (CODE) # _____			

6. PUBLIC FATALITY <i>(Fill in line and correspondence code number in box - see instructions)</i>	
a. ACTIVITY AT TIME OF ACCIDENT _____ (CODE) # _____	b. PERSONAL FLOATATION DEVICE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

7. MOTOR VEHICLE ACCIDENT					
a. TYPE OF VEHICLE <input type="checkbox"/> PICKUP/IVAN <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (Specify) _____	b. TYPE OF COLLISION <input type="checkbox"/> SIDE SWIPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> BROADSIDE <input type="checkbox"/> ROLL OVER <input type="checkbox"/> BACKING <input type="checkbox"/> OTHER (Specify) _____	c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
		(1) FRONT SEAT			
		(2) REAR SEAT			

8. PROPERTY/MATERIAL INVOLVED		
a. NAME OF ITEM	b. OWNERSHIP	c. \$ AMOUNT OF DAMAGE
(1)		
(2)		
(3)		

9. VESSEL/FLOATING PLANT ACCIDENT <i>(Fill in line and correspondence code number in box from list - see instructions)</i>	
a. TYPE OF VESSEL/FLOATING PLANT _____ (CODE) # _____	b. TYPE OF COLLISION/MISHAP _____ (CODE) # _____

10. ACCIDENT DESCRIPTION <i>(Use additional paper, if necessary)</i>
See attached page.

<b>11. CAUSAL FACTOR(S) <i>(Read Instruction Before Completing)</i></b>			
<p>a. (Explain YES answers in item 13)</p> <p>DESIGN: Was design of facility, workplace or equipment a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>INSPECTION/MAINTENANCE: Were inspection &amp; maintenance procedures a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>OPERATING PROCEDURES: Were operating procedures a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>HUMAN FACTORS: Did any human factors such as size or strength of person, etc., contribute to accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>a. (CONTINUED)</p> <p>CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents, such as, noise, radiation, etc., contribute to accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>OFFICE FACTORS: Did office setting such as, lifting office furniture, carrying, stooping, etc., contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DRUGS/ALCOHOL: In your opinion, was drugs or alcohol a factor to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT?  <input type="checkbox"/> YES <i>(If yes, attach a copy.)</i> <input type="checkbox"/> NO</p>		

<b>12. TRAINING</b>		
<p>a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>b. TYPE OF TRAINING. <input type="checkbox"/> CLASSROOM <input type="checkbox"/> ON JOB</p>	<p>c. DATE OF MOST RECENT FORMAL TRAINING. (Month) (Day) (Year)</p>

<b>13. FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES <i>(See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)</i></b>	
a. DIRECT CAUSE	See attached page.
b. INDIRECT CAUSE(S)	See attached page.

<b>14. ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).</b>	
DESCRIBE FULLY:  See attached page.	

<b>15. DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.</b>			
a. BEGINNING (Month/Day/Year)	b. ANTICIPATED COMPLETION (Month/Day/Year)		
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT CORPS _____ CONTRACTOR _____	d. DATE (Mo/Da/Yr)	e. ORGANIZATION IDENTIFIER (Div, Br, Sect)	f. OFFICE SYMBOL

<b>16. MANAGEMENT REVIEW (1st).</b>		
a. <input type="checkbox"/> CONCUR	b. <input type="checkbox"/> NON CONCUR	c. COMMENTS
SIGNATURE	TITLE	DATE

<b>17. MANAGEMENT REVIEW (2nd - Chief Operations, Construction, Engineering, etc.)</b>		
a. <input type="checkbox"/> CONCUR	b. <input type="checkbox"/> NON CONCUR	c. COMMENTS
SIGNATURE	TITLE	DATE

<b>18. SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW</b>		
a. <input type="checkbox"/> CONCUR	b. <input type="checkbox"/> NON CONCUR	c. ADDITIONAL ACTIONS/COMMENTS
SIGNATURE	TITLE	DATE

<b>19. COMMAND APPROVAL</b>	
COMMENTS	
COMMANDER SIGNATURE	DATE

10.

**ACCIDENT DESCRIPTION (Continuation)**

13a.

**DIRECT CAUSE (Continuation)**

13b.

**INDIRECT CAUSES** *(Continuation)*

14.

**ACTION(S) TAKEN, ANTICIPATED, OR RECOMMENDED TO ELIMINATE CAUSE(S)** *(Continuation)*