

SUPERVISOR'S MISHAP AND NEAR MISS REPORT

TO: Safety Director, HQBN Henderson Hall (Attn: Safety Office)

PHONE: (703) 614-1900 / (703) 693-8771

1. INJURED PERSON OR PERSON INVOLVED IN NEAR MISS: <i>(Last Name, First, MI)</i>				
2. DOB:	3. SEX:	4. PAY GRADE:	5. MOS/OCCUPATION/TRADE:	6. TRAINING/CERTIFICATION:
7. COMPONENT:		8. JOB ASSIGNMENT:		9. YEARS OF EXPERIENCE:
10. REPORTING ACTIVITY/UNIT: <i>(Command, Division, etc.)</i>			11. DUTY STATION:	
12. CHECK ONE: <i>(Or more, if applicable.)</i> <input type="checkbox"/> FATALITY <input type="checkbox"/> INJURY <input type="checkbox"/> OCCUPATIONAL ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> PERMANENT TOTAL DAMAGE DISABILITY <input type="checkbox"/> PERMANENT PARTIAL DISABILITY <input type="checkbox"/> PROPERTY				
13. DATE OF INJURY/INCIDENT:	14. HOUR OF DAY:	15. DUTY STATUS: <i>(At time of mishap.)</i>	16. DID PERSONNEL REMAIN AT WORK? YES NO	
17. DATES AWAY FROM WORK: Start: Return:	18. NO. LIGHT DUTY DAYS:	19. NO. DAYS HOSPITALIZED	20. WAS AN AMBULANCE USED? YES NO	
21. PLACE OF OCCURRENCE: <i>(St, Bldg., Rm, etc.)</i> <input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE			22. ASSIGNED WORKPLACE: <i>(Occupational mishaps only.)</i>	
23. WITNESS: <i>(Name, Address and Telephone Number)</i>				
24. DESCRIPTION OF MISHAP/INCIDENT: <i>(Describe circumstances and events [who, what, when, where, why and how] leading to the mishap/near miss in sufficient detail that reviewing authorities may gain a complete understanding of cause and effect relationships. If more space is needed use a blank sheet of paper and attach to this form.)</i> STAFF/EMPLOYEE STATES:				
25. KIND OF INJURY: <i>(stuck between, lifting, struck by, fall, etc.)</i>			26. TYPE OF INJURY: <i>(Cut/Laceration, Bruise/Contusion, etc.)</i>	
27. BODY PART INJURED: <i>(BE SPECIFIC...Right Calf, Left Index Finger, etc.)</i>			28. SOURCE OF INJURY: <i>(Insect/Animal, Equipment, Machinery, Body Movement etc.)</i>	
29. WEATHER CONDITION:			30. UNSAFE PERSONAL FACTOR: <i>(Speeding, looked away, etc.)</i>	
31. PERSONAL PROTECTIVE EQUIPMENT REQUIRED:			32. PERSONAL PROTECTIVE EQUIPMENT UTILIZED:	
33. DOD PROPERTY, EQUIPMENT DAMAGED:			34. NON-DOD PROPERTY, EQUIPMENT DAMAGED:	
35. TOTAL COST PROPERTY DAMAGED:			36. TOTAL INJURY COST: <i>(If known.)</i>	

SUPERVISOR'S MISHAP AND NEAR MISS REPORT (Continued)

37. UNSAFE ACT: *(Act directly contributing to mishap.)*

38. UNSAFE/HAZARDOUS CONDITION: *(Unsafe condition of objects or environment.)*

39. CAUSE(S)/CONTRIBUTING FACTORS: *(e.g., Fatigue, Supervisory Error, Ineffective Policy, and Procedures Not Followed.)*

- Not yet determined, pending completion of investigation.
- Determined (list cause).
- Mishap involved a failure to control a previously identified hazard. *(If yes, check the box and discuss further in blocks 39 and 40.)*

40. CORRECTIVE ACTION TAKEN: *(Describe)*

INJURED PERSON OR PERSON INVOLVED IN NEAR MISS SIGN BELOW

41. SIGNATURE:

42. TITLE, GRADE AND TELEPHONE NUMBER:

43. DATE:

SUPERVISOR SIGN BELOW

44. SIGNATURE:

45. TITLE, GRADE AND TELEPHONE NUMBER:

46. DATE:

UNIT SAFETY OFFICER SIGN BELOW

47. SIGNATURE:

48. TITLE, GRADE AND TELEPHONE NUMBER:

49. DATE:

COMMANDING OFFICER/DIVISION DIRECTOR SIGN BELOW

50. SIGNATURE:

51. TITLE, GRADE AND TELEPHONE NUMBER:

52. DATE: