

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. AGE:	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 DISABILITY <input type="checkbox"/> PERMANENT PARTIAL DISABILITY <input type="checkbox"/> PROPERTY DAMAGE					
13. DATE OF INJURY/INCIDENT:	14. DAY OF WEEK:	15. HOUR OF DAY:	16. DUTY STATUS: <i>(At time of mishap.)</i>		
17. DATE RETURNED TO WORK:	18. NO. WORKDAYS LOST:	19. NO. LIGHT DUTY DAYS:	20. NO. DAYS HOSPITALIZED:		
21. PLACE OF OCCURRENCE: <i>(St, Bldg., Rm, etc.)</i>			22. ASSIGNED WORKPLACE: <i>(Occupational mishaps only.)</i>		
			<input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE		
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>					
25. EVENT/EXPOSURE: <i>(Describe "How" injury/near miss occurred, e.g., struck by, fall, etc.)</i>					
26. TYPE OF INJURY: <i>(Cut/Laceration, Bruise/Contusion, etc.)</i>			27. BODY PART INJURED: <i>(Right Arm, Left Leg, etc.)</i>		
28. WEATHER CONDITION:			29. UNSAFE PERSONAL FACTOR: <i>(Speeding, looked away, etc.)</i>		
30. PERSONAL PROTECTIVE EQUIPMENT REQUIRED:			31. PERSONAL PROTECTIVE EQUIPMENT UTILIZED:		
32. DOD PROPERTY, EQUIPMENT DAMAGED:			33. NON-DOD PROPERTY, EQUIPMENT DAMAGED:		
34. TOTAL COST PROPERTY DAMAGED:			35. TOTAL INJURY COST: <i>(If known.)</i>		

SUPERVISOR'S MISHAP AND NEAR MISS REPORT (Continued)

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

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

38. 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.)*

39. CORRECTIVE ACTION TAKEN: *(Describe)*

INJURED PERSON OR PERSON INVOLVED IN NEAR MISS SIGN BELOW

40. SIGNATURE:

41. TITLE, GRADE AND TELEPHONE NUMBER:

42. DATE:

SUPERVISOR SIGN BELOW

43. SIGNATURE:

44. TITLE, GRADE AND TELEPHONE NUMBER:

45. DATE:

UNIT SAFETY OFFICER SIGN BELOW

46. SIGNATURE:

47. TITLE, GRADE AND TELEPHONE NUMBER:

48. DATE:

COMMANDING OFFICER/DIVISION DIRECTOR SIGN BELOW

49. SIGNATURE:

50. TITLE, GRADE AND TELEPHONE NUMBER:

51. DATE: