

SUPERVISOR'S REPORT OF MISHAP

1. ORGANIZATION AND OFFICE SYMBOL				2. SUSPENSE TO SAFETY OFFICE (YYYYMMDD)			
3. DATE (YYYYMMDD) AND TIME OF MISHAP <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		4. LOCATION OF MISHAP (Bldg, Room No.) <input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE		5. TYPE OF MISHAP <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> NEAR MISS <input type="checkbox"/> INJURY <input type="checkbox"/> MOTOR VEHICLE			
6. NAME AND GRADE OF PERSON INVOLVED IN MISHAP						7. AGE	8. SEX
9. MILITARY AFSC OR CIV JOB SERIES				10. DATE ARRIVED AT STATION (YYYYMMDD)		11. DUTY PHONE	
12. TREATMENT ADMINISTERED <input type="checkbox"/> MINOR (First Aid) <input type="checkbox"/> MAJOR CARE (One-Time Treatment) <input type="checkbox"/> MAJOR CARE (Follow-up Treatment)		13. DESCRIPTION OF INJURY			14. STATUS OF EMPLOYEE <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> HOSP/QTRS NO. OF DAYS _____		
15. DESCRIPTION OF PROPERTY DAMAGE (On-Duty Mishaps)			16. ESTIMATED COST		17. VEHICLE REGISTRATION FOR		18. DRIVING EXPERIENCE THIS VEHICLE TOTAL
19. UNSAFE ACT OR CONDITION				20. PROTECTIVE CLOTHING/EQUIPMENT REQUIRED: <input type="checkbox"/> NO <input type="checkbox"/> YES USED: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			
21. DATE OF TASK TRAINING (YYYYMMDD)		22. DATE CIV PERSONNEL INJURY REPORT COMPLETED (YYYYMMDD)		23. PERSON SEEN BY <input type="checkbox"/> AF PHYSICIAN <input type="checkbox"/> CIVILIAN PHYSICIAN <input type="checkbox"/> NO PHYSICIAN			
24. SYNOPSIS (Give a detailed account of mishap including all actions leading to and resulting in the mishap as well as underlying causes)							
25. CORRECTIVE ACTION TAKEN BY SUPERVISOR OR RESPONSIBLE AGENCY TO PREVENT RECURRENCE (Annotate work order numbers and OPR for any action which cannot be accomplished in-house)							
26. SUPERVISOR'S SIGNATURE			27. DATE (YYYYMMDD)		28. SAFETY STAFF VERIFICATION (Initials)		29. DATE (YYYYMMDD)
30. UNIT SAFETY REPRESENTATIVE (Initials)			31. DATE (YYYYMMDD)		32. MISHAP REPORT NUMBER (If applicable)		

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