U.S. Army Corps of Engineers (USACE) MISHAP NOTIFICATION AND INVESTIGATION

Requirement Control Symbol RCS-CESO-21-0001

For use of this form, see instructions in the attachments and USACE ER 385-1-99; the proponent agency is CESO.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Deb Instruction 6005-07, Markap Notincianon, Investigation, Reporting, and Hecork Reeping, and L. 2039 (LSSN), as amended. Principal Purpose Information collected is to provide the USACE leaders, soldiers, itamilies and civilians in injury, illness, and loss data to effectively manage its safety and occupational health program. Rowline Uses In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records or information contained threin may specifically be disclosed outside the Do B as a routine use pursuant to 5 U.S.C. 552a(b). State, and local agencies and applicable civilian organizations, such as the National Transportation Safety Row, And to Federal, State, and local agencies and applicable civilian organizations, such as the National Safety Council, for use in a combined effort of accident provisions of 29 CFR 1960.29. Records will be made available consistent with applicable laws and regulations. Information will be withheld from the public only if undrived by 50 U.S.C. Section 552 (Freedom of Information Act (FOIA), 5 U.S.C. 552a (Privacy Act)), or other statutory or regulatory authority. Disclosure Pailure to provide all the required information on the report may result in the rejection of report submission. U.WHO IS REPORTING MISHAP a.Name:	Authority		of 1970; DoD I	10 U.S.C. 7013, Secretary of the Army; 5 U.S.C. 7902, Safety Programs; Public Law 91-596, Occupational Safety and Health Act of 1970; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety and Occupational Health Program; Army Regulations 385-10, Army Safety Program; DoD Instruction 6055.1, DoD Safety Army Regulations 6055.1, DoD Safety Program; DoD Instruction 6055.1, DoD Safety Army Regulations 6055									
Routine Uses In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to S U.S.C. 552a(b) as follows: To the Department of Labor, the Federal Availand Agency, the National Tansportation Safety Board, and to Federal, State, and local agencies and applicable civilian organizations, such as the National Safety Council, for use in a combined effort of accident prevention. In some case, data must also be disclosed to an employee's representative under the provisions of 29 CFR stored will be made available consistent with applicabile uses and regulations. Information will whell for the the public only if authorized by 5 U.S.C. Section 552 (Freedom of Information Act (FOIA), 5 U.S.C. 552a (Privacy Act)), or other statutory or regulatory authority. Disclosure Failure to provide all the required information on the report may result in the rejection of report submission. a. Name: b.Phone number: c. Email address: d. Signature: a. Name: b.Phone number: c. Email address: d. Signature: a. Name: b.Phone number: c. Email address: d. Signature: a. Name: b.Phone number: c. Email address: d. Signature: b. Phone number: d. Signature: c. Inside Accident Report. (<i>For accident notification within 24 hrs; Complete all fields with underlined text</i>) Date: g. Mere.	Principal Purpose												
1. WHO IS REPORTING MISHAP a. Name: b. Phone number: c.Email address: d. Signature:			In addition to the information cor follows: To the State, and loca accident preve 1960.29. Reco public only if au	manage its safety and occupational health program. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b) as follows: To the Department of Labor, the Federal Aviation Agency, the National Transportation Safety Board, and to Federal, State, and local agencies and applicable civilian organizations, such as the National Safety Council, for use in a combined effort of accident prevention. In some cases, data must also be disclosed to an employee's representative under the provisions of 29 CFR 1960.29. Records will be made available consistent with applicable laws and regulations. Information will be withheld from the public only if authorized by 5 U.S.C. Section 552 (Freedom of Information Act (FOIA), 5 U.S.C. 552a (Privacy Act)), or other									
a. Name: b. Phone number: c. Email address: d. Signature: a. Report type: 1. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.) Date: a. Report type: 2. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.) Date: f. Mishap Type. 2. Initial Accident Report. (For reporting findings from accident investigation, complete full form.) Date: f. Mishap Type. (Check all that apply)	Disc	losure	Failure to provi										
c.Email address: d.Signature: d													
I. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.) Date: e. Report type: I. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.) Date: f. Mishap Type. (Check all that apply) Image. Concernent investigation, complete full form.) Date: g. Were any of the following items associated with the mishap ? Yes No (If yes, check all that apply) Image: Electrical and/or Hazardous Working at Heights Drving Load Handling Equipment or Occupational Health Energy Image: c. Time employee began work: Occupational Health Exposure g. Date hired: h. Primary language: i. Sindividual a supervisor? yes No (If yes, check all that apply) Image: Occupational Health Exposure Occupational Health Exposure g. Date form: e. Date of birth (for Government personnel only): f. Age: . . g. Date hired: h. Primary language: i. Is individual doing when mishap occurred? (Select activity from the drop downs below.) <	<u>a. N</u>	ame:					1		b. Phone	number:			
e. Report type:	<u>c. E</u>	mail address	:				<u>d. Sign</u>	ature:				T	
a. S. Final Accident Report. (For reporting findings from accident investigation, complete full form.) Date: f. Mishap Type, (Check all that apply)		[1. Near Miss R] 1. Near Miss Report. (No injury/illness, or property damage. <u>Complete all fields with underlined text.</u>) D							Date:		
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Image: Image: <th></th> <td>[</td> <td>3. Final Accide</td> <td>nt Report. (</td> <td>For reporting finding</td> <td>s from</td> <td>accident</td> <td>investigat</td> <td>tion, compl</td> <td>ete full form.</td> <td>)</td> <td>Date:</td>		[3. Final Accide	nt Report. (For reporting finding	s from	accident	investigat	tion, compl	ete full form.)	Date:	
g. Were any of the following items associated with the mishap? Yes No (If yes, check all that apply) Bectrical and/or Hazardous Working at Heights Diving Load Handling Equipment or Rigging Rigging Coccupational Health Exposure 2. WHO WAS INVOLVED IN THIS MISHAP? a.Name: b.Personnel Classification: c. Time employee began work: d. Gender: e. Date of birth (for Government personnel only): f. Age: g. Date hired: h. Primary language: i. Is individual a supervisor? Yes No j. Duty status at time of mishap: k. Years experience in job: 1. General activities: 2. Vehicle/Equipment/Vessel: 3. Sports/Recreation: 4. Other not listed: m. Did individual utilize all OSHA/EM 385-1-1 required Personal Protective Equipment (PPE) for activity? Yes No If no, identify missing PPE:	f. Mishap Type. (Check all that apply)												
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Image: Image: Image: <t< td=""><th><u>g</u>. V</th><td>lere any of t</td><td>he following items</td><td>associated v</td><td>vith the mishap?</td><td>Ye</td><td>es 🔲 I</td><td>No <u>(I1</u></td><td>f yes, chec</td><td>k all that app</td><td>ly)</td><td></td></t<>	<u>g</u> . V	lere any of t	he following items	associated v	vith the mishap?	Ye	es 🔲 I	No <u>(I1</u>	f yes, chec	k all that app	ly)		
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If no, identify missing PPE:				3. Sports/Recreation:									
	m. C	oid individual	utilize all OSHA/E	M 385-1-1 re	equired Personal Pro	otective	Equipm	ent (PPE)	for activity	?	Yes 🗌	No 🗌 N/A	
n. Was a Personal Flotation Device used? Yes No N/A o. Was a seat belt used? Yes No N/A		If no, identif	y missing PPE:										
	n. W	as a Person	al Flotation Device	otation Device used? Yes No N/A o. Was a seat belt used? Yes No N/A									

PREVIOUS EDITIONS ARE OBSOLETE.

p. Government personnel only:									
1. Job series:	2. Rank:			3. Grade:					
4. Center/Division/Lab:	•		5. D	istrict:					
q. Contractor personnel only:									
1. Employer/Contractor name:									
2. Individual's occupation/trade:			Other not lis	sted:					
r. If mishap occurred on a contractor site, provide the following:									
1. Prime Contractor name:									
2. Contract number:	3. Contra	ict type:				4. Funding type:			
3. WHAT TYPE	OF INJUF	RY/ILLNES	S OCCURR	ED?					
a. Severity of injury/illness? b. Type of Injury/Illness:									
c. Identify body part(s) affected by injury/illness:									
Primary body part affected:		Seconda	ry body part a	affect	ed:				
d. Identify cause and source of injury/illness:									
Cause of injury/illness:		Source of	f injury/illnes	s:					
e. Was employee treated by a physician or health care profession	nal provide	۱ ۲? [] ۲	Yes 🗌 No						
If yes, provide name of physician or health care professiona	l provider?								
f. Was treatment given away from work site? Yes No	g. Was	s employee	e treated in a	n eme	ergency room ?	Yes No N/A			
h. If treatment was given away from the work-site, where was it g	iven? (Fc	or Governm	nent Personn	iel On	ly)				
Treatment facility name:									
Address:									
City: State:		Zip:			Country:				
i. Was employee hospitalized as an in-patient? Yes	No If	yes, how i	many nights?	>	Was OSHA	A notified?			
Note: OSHA requires reporting all work-related fatalities within 8 hou	irs and in-p	atient hosp	italizations, a	mputa	tions and loss of a	n eye within 24 hours to OSHA.			
j. Estimated days away from work:		k. Estima	ted days of r	estric	ted/transferred du	uty:			
4.	WHAT H	APPENED)?						
a. What was the primary activity occurring at the time of the mish	ap?								
Other, not listed:									
b. What happened? Provide a detailed description of the mishap	. (Do not i	nclude any	/ personally i	denti	iable information	(name, etc.).)			
Note: Provide supporting photos, charts, diagrams, etc. with this report.									
c. What other organizations or agencies have been notified about this mishap?									
<u>c. vvnat otner organizations or agencies have been notified about this misnap?</u>									

	5. WHAT TYPE OF PROP	ERTY/MATERIAL WAS INVOLVED?									
a. List all property/material inv	olved in the mishap. (Include damaged	and undamaged property.)	-								
	Item A	Item B	Item C								
i. Type of item:											
Other not listed:											
ii. Name of item(s):											
iii. Collision type:											
Other not listed:											
iv. Ownership of item:											
v. Dollar cost of damage:											
	6. WHEN DID	THE MISHAP OCCUR?									
a. Date the mishap occurred:	a. Date the mishap occurred: b. Time mishap occurred:										
c. What day did mishap occur	on?	d. What period of day did mishap o	occur?								
7. WHERE DID THE MISHAP OCCUR?											
a. Did the mishap occur on a r	nilitary Base/Post? Yes No										
b. USACE Office/Program/Pro	b. USACE Office/Program/Project name:										
c. Select the location type mos	c. Select the location type most closely associated with the mishap:										
d. Identify exact location where	e mishap occurred:										
Address:											
City:	State:	Zip: Count	ry:								
e. Latitude:		f. Longitude:									
8. \	WHY DID THE MISHAP OCCUR? (Rec	commend completing this section for	Near Misses.)								
	A. Perform	ance Causal Factors									
1. Did a problem with performa	ance contribute to this mishap occurring?	? Yes No									
If yes, select the error that	at contributed most to the mishap:										
2. Describe action(s) taken, ar recommended to eliminate of	•										
B. Support Causal Factors											
1. Did a problem with resources contribute to this mishap occurring? Yes No											
If yes, select the error that contributed most to the mishap:											
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):											
C. Standards/Policy/Planning Causal Factors											
1. Did an organizational standard/policy/or plan contribute to this mishap occurring?											
If yes, select the error that contributed most to the mishap:											
 2. Was a written Activity Hazard Analysis (AHA) or equivalent completed and accepted by Government Designated Authority (GDA) Yes No for task(s) being performed at time of mishap? (If yes, attach a copy to this report) 											
If yes, was the AHA availa	If yes, was the AHA available and used by worker?										
3. Was a written work plan (critical lift plan, fall protection plan, etc.) required, completed and accepted by the GDA for task(s) being performed at time of mishap?											
If yes, was the plan availa	If yes, was the plan available and used by worker?										

4. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
D. Training Causal Factors					
1. Did a problem with training contribute to this mishap occurring?					
If yes, select the error that contributed most to the mishap:					
2. Was individual trained to perform the activity/task?					
If yes, select type of training: Classroom Certification/License On the job					
Other, describe:					
What was date of most recent training?					
3. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
E. Leader/Supervisor Causal Factors					
1. Did any leader/supervisory mistake/task error contribute to this mishap occurring?					
If yes, select the error that contributed most to the mishap:					
2. Did the safety climate/culture contribute to the mishap?					
3. Did challenges with teamwork contribute to the mishap?					
4. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
F. Individual Causal Factors					
1. Did any individual mistakes/task errors contribute to this mishap occurring?					
If yes, select the error that contributed most to the mishap:					
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
G. Physical Environment Causal Factors					
1. Did any physical environment contribute to this mishap occurring?					
If yes, select the error that contributed most to the mishap:					
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
H. Material Causal Factors					
1. Did any material failure contribute to this mishap occurring?					
If yes, select the error that contributed most to the mishap:					
2. Which failure is most closely associated with the material failure/malfunction?					
3. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					
I. Environmental Causal Factors					
1. Did any environmental condition contribute to this mishap occurring?					
If yes, select the factor that contributed most to the mishap:					
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):					

1. Did the design of the facility/building contribute to the mishap?
If yes, describe:
2. Describe action(s) taken, anticipated or recommended to eliminate hazard:
K. Existing Hazard
1. Did a hazard(s) contribute to the mishap?
If yes, describe the hazard(s):
2. Describe action(s) taken, anticipated or recommended to eliminate hazard(s):
9. Corrective Action plan
a. Have all corrective action(s) to prevent mishap recurrence been completed?
b. Who is responsible for the corrective action plan?
c. What date will/have all corrective action(s) be/been completed by:
d. Additional information:
10. Additional Information