SUPERVISORY MISHAP REPORT FORM

Please Print (Contains Privacy Act Information, Handle Accordingly) *Preliminary* ☐ *Final* ☐

INSTRUCTIONS: This form is a general-use ***Supervisory Mishap Report Form*** to be used for safety and health purposes to report a ***mishap*** in the workplace. This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. Once this form is complete ***please forward to:*** Code 106 Bldg. M22 and /or ***Fax*** a copy to 757-396-4826 and Group/Division Head and Shop Safety Committee Chair if applicable.

1a. NAME OF EMPLOYEE INVOLVED (Last, First):	1b. Badge No. RANK MIL	1c. EMPLOYEE SHOP/ CODE:

2a. EMPLOYEE AGE	2b. EMPLOYEE SEX	2c. EMPLOYEE MONTHS EXPERIENCE AT TRADE	2d. DATE & TIME OF MISHAP		2e. DATE OF THIS REPORT
	☐ MALE ☐ FEMALE				

3a. SUPERVISOR'S NAME (Last, First):	3b. SUPERVISOR'S BADGE # RANK & SSN (last four)	3c. SUPERVISOR'S SHOP/CODE	3d. SUPERVISOR'S PHONE #

4a. LOCATION:	4b. SPECIFIC LOCATION OF MISHAP *(COMPARTMENT NO., FLOOR WORK AREA TITLE)*

5. DESCRIBE WHAT HAPPENED TO CAUSE THE MISHAP: *(TELL HOW THE INJURY OCCURRED INCLUDING ANY TOOLS OR EQUIPMENT BEING USED).*

6. DESCRIBE WHAT THE INJURY OR ILLNESS WAS *(INCLUDE PART OF THE BODY AFFECTED, HOW IT WAS AFFECTED, AND BE MORE SPECIFIC THAN PAIN OR SORE)*

7a. WERE THERE ANY DAYS AWAY FROM WORK BECAUSE OF THE MISHAP? ☐ YES ☐ NO IF YES, HOW MANY DAYS AWAY FROM WORK? DAYS	7b. WERE THERE ANY DAYS OF RESTRICTED ACTIVITY BECAUSE OF THIS MISHAP? ☐ YES ☐ NO IF YES, HOW MANY DAYS WITH RESTRICTIONS? DAYS

8. WHAT OBJECT, SUBSTANCE, OR CONDITION DIRECTLY CAUSED THE MISHAP *(PERSONNEL ERROR, IMPROPER PROCEDURE, ENVIRONMENT, FAULTY TOOLS).*

9. PERSONAL PROTECTIVE CLOTHING/EQUIPMENT, SPECIFY TYPE, IF REQUIRED, USED, AND ITS EFFECT:

10a. LIST OTHER PERSONNEL INVOLVED IN THE MISHAP IF APPLICABLE	10b. WHAT SHORT TERM CORRECTIVE ACTIONS HAVE BEEN TAKEN TO PREVENT THIS TYPE OF MISHAP FROM HAPPENING AGAIN?

11. PROVIDE ANY LONG TERM CORRECTIVE ACTIONS AND PROVIDE ESTIMATED COMPLETION DATE: *(COMPLETED BY DIVISION/ GROUP HEAD)*

12a. INJURED EMPLOYEES SIGNATURE & DATE AFTER REVIEW	**12b. 1ST LINE SUPERVISOR SIGNATURE & DATE**

12c. DIVISION/GROUP HEAD SIGNATURE & DATE

Instructions for the Supervisor to fill out the Supervisory Mishap Report

1a. Name of the injured employee (last name and first name).
1b. Employee's badge number.
1c. Home Shop/Code or Shop/Code paying employee at the time of injury.

2a. Employee's age at the time of the mishap.
2b. Employee's gender.
2c. Employee's months of experience at the trade or process involved in the mishap. If not involved in a specific process at the time of mishap, provide number of months employed at the shipyard.
2d. Date and time (military time) of mishap.
2e. Date the Supervisory Mishap Report is complete, Indicate "Preliminary" if applicable, and follow up with a "Final". Annotate either at upper right corner of mishap report with an "X", initial and date.

3a. Supervisor's name (last name and first name), who supervised the employee.
3b. Supervisor's badge number
3c. Supervisor's Shop or Code at the time of the mishap.
3d. Supervisor's contact phone number (office or cell number or both).

4a. General location of the mishap. This block should contain building number, hull number, drydock number, or general location.
4b. Specific location of the mishap. This block should contain building floor, room, or shop, compartment number, level/deck information, or specific area identifier.

5. Description of the mishap including what caused the mishap. This would include how the injury occurred, the cause of the mishap, what process was involved with the mishap, and any tools or equipment involved in the mishap.

6. Provide information on the injury or illness sustained by the employee. Make sure to include body part(s) affected and how the body part(s) is affected. Provide more specific details than pain and sore. Include any information provided by the clinic and the involved employee.

7a. Answer yes or no if any workdays (a full work shift) were lost because of the mishap. Provide the approximate number of days at the time of the report.
7b. Answer yes or no if there were any days restricted duty because of the mishap. This is only true if the employee is unable to perform one or more of their regular duties. Provide the approximate number of days restrictions were in place at the time of the report.

8. Describe what object, substance, and/or condition directly caused the mishap. This may include improper procedure, environmental conditions, defective/incorrect tools, personnel error, unsafe posture, material failure, improper design, housekeeping, etc. Make sure to include contributing causal factors. Include as much detail as possible.

9. Describe the personal protective equipment required, if used, and its effect on the mishap outcome. Be as specific as possible to include model number and condition of the PPE.

10a. List other personnel involved, or witnesses to the mishap. Include others that might have been injured or that contributed to the mishap. Obtain written statements when it will improve prevention.
10b. Describe short term corrective actions implemented to prevent this type of mishap from reoccurring. Include information on training, DL's written, critiques, or process changes.

11. Describe long term corrective actions by the shop or code to prevent this type of mishap from reoccurring. Include information on training, DL's written, critiques, or process changes as well as an estimated completion date for these actions. This section should be completed by the division head or group leader.

12a. Employee's signature and date. (Note: Medical treatment may prevent/delay this). The employee is signing that that have been briefed on this report.
12b. Supervisor's signature and date.
12c. Division Head signature and date endorsing that he/she has reviewed the Supervisory Mishap Report and concur on the contents.