MISHAP INVESTIGATION REPORT

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SECTION A - EMPLOYEE INFORMATION AND MISHAP LOCATION

1. NAME	2. CODE	3. DATE OF INJURY/ ILLNESS

4. AGE	5. OCCUPATION

6. MISHAP LOCATION

SECTION B - SUMMARY OF EVENTS *(Short Narrative of Mishap)*

SECTION C - HAZARD/ PREVENTION EFFORT

1. HAZARD

2. SAFETY BARRIER

3. BODY PART

SECTION D - EXTENT OF INJURY

SECTION E - FINDINGS/CONCLUSION

SECTION F - CORRECTIVE ACTIONS/LESSONS LEARNED/RECOMMENDATIONS

INVESTIGATOR NAME /SIGNATURE	TITLE	CODE	EXT.	DATE

SIGNATURE (SUPERVISOR)	EXT.	DATE

PRIVACY ACT STATEMENT

Information submitted herein is voluntary and will be used in accordance with the Privacy Act of 1974 (Public Law Number 93-579,5 USC 552c) and routine use in implementing the Navy Occupational Safety and Health Program. Failure to provide mishap information could be considered indicitive of an unprofessional attitude which may be called to the attention of the Commander.

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