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MISHAP REPORT (M/R) *PLEASE PRINT* FOR CIVILIAN, MILITARY AND CONTRACTORS

SAFETY CASE NO.

THIS IS A GENERAL-USE M ISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAV INST 51 00 . 23 F SERIES

DATE OF MISHAP	TIME OF MISHAP	MISHAP LOCATION

MISHAP TYPE
☐ INJURY ☐ EQUIPMENT ☐ VEHICULAR *(SF-91 Also Required)*
☐ DEATH ☐ FIRE ☐ OTHER_____

IF MISHAP ABOARD SHIP
☐ UNDERWAY ☐ ANCHORED ☐ OTHER
☐ SUBMERGED ☐ DRY-DOCKED
☐ PIER-SIDE _____

SUPERVISOR' S NAME *(Please Print)*

AS A RESULT OF THIS MISHAP IS THE EMPLOYEE ON JOB RESTRICTIONS? ☐ **YES** ☐ **NO**
AS A RESULT OF THIS MISHAP DID THE EMPLOYEE HAVE ANY LOST WORK DAYS? ☐ **YES** ☐ **NO**

SUPERVISOR' S SIGNATURE

TITLE ☐ TEAM LEAD ☐ 1ST LEVEL MGR

NAME OF OFFICE/DEPT. MGR

MATERIAL (PROPERTY) DAMAGE

EQUIPMENT DAMAGED/DESTROYED

ESTIMATED COST TO REPAIR/ REPLACE DOD PROPERTY/ PERSONAL PROPERTY
☐ A.> 1 MILLION ☐ C. 10K TO 200K
☐ B. 200K TO 1 MILLION ☐ D. < 10K

REPORTABLE INJURIES/ILLNESSES

NAME *(Last, First, MI)*	CODE	☐ CIVILIAN ☐ MILITARY ☐ CONTRACTOR	SSN	DATE OF BIRTH	SEX
RANK/RATE/GRADE/JOB TITLE			DUTY STATUS ☐ ON DUTY ☐ TDY ☐ OFF DUTY		

JOB/ACTIVITY ENGAGED IN AT TIME OF MISHAP

MONTHS EXPERIENCE AT JOB ENGAGED IN

MEDICAL DIAGNOSIS

MEDICAL DIAGNOSIS
☐ A. DISPENSARY VISIT(S), FIRST AID
☐ B. MEDICAL WITH PRIVATE PHYSICIAN
☐ C. LOST TIME DUE TO INJURY
☐ D. NO MEDICAL TREATMENT

SPECIFY FATALITY OR EXTENT OF INJURIES/OCCUPATIONAL ILLNESSES
☐ A. FATALITY OR PERMANENT TOTAL DISABILITY ☐ B. PERMANENT PARTIAL DISABILITY ☐ C. LOST TIME (DAYS OF BEYOND INJURY) ☐ D. NO DISABILITY LIKELY

TOTAL WORKDAYS AWAY FROM JOB *(Do not include weekends/holidays)*	DAYS HOSPITALIZED	LOST TIME START/END DATE(S)

MISHAP CAUSE(s) *(Check one or more in each category)*

BASIC CAUSE(s)

☐	Personnel Error*	☐	Inadequate Procedure/Precautions
☐	Material Failure	☐	Unsafe Condition* *
☐	Environmental Extremes	☐	Other *(Specify)*

* If personnel error, check contributing cause(s)

☐	Distraction/inattention	☐	Fatigue	☐	Haste
☐	Improper Attitude/Motivation	☐	Inexperience	☐	Lack of Skill
☐	Inadequate physical conditioning	☐	Anger	☐	Alcohol/Drugs
☐	Drug Use (See Note 1)	☐	Drug Abuse	☐	Other *(Specify)*

* * If unsafe condition, check contributing cause(s)

☐	Poor Housekeeping	☐	Insufficient Maintenance	☐	Defective Design
☐	Defective Material	☐	Defective Equipment	☐	Other *(Specify)*

SPECIFIC CAUSE(s)

☐	Using Defective/Incorrect Tools	☐	Working Without Safety Guard
☐	Repairing Equipment While Energized	☐	Horseplay
☐	Assuming Unsafe Posture	☐	Violating Safe Sports Practices
☐	Equipment Malfunctions	☐	Incorrect/Missing Procedure
☐	Uneven/Slippery Walking/Recreation Surfaces	☐	Warning Not Posted
☐	Inadequate Illumination	☐	Rough Water
☐	Hazardous Atmosphere	☐	Other *(Specify)*

PERSONAL PROTECTIVE CLOTHING/EQUIPMENT REQUIRED
☐ YES ☐ NO

REMARKS *(Identify clothing, equipment.)(Identify if used & effective.)*

(SPECIFIC CAUSES CONTINUED ON REVERSE)

NOTES: 1. Drug Use: (1) Prescribed drugs/medicine used as prescribed or (2) Non-prescription drugs/medicine used as directed - any other use of medicine is drug abuse.

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(Cont. fr. Pg. 1)

SPECIFIC CAUSE(s)

IF REQUIRED-WAS CLOTHING/EQUIPMENT	REMARKS
☐ USED ☐ EFFECTIVE	

NARRATIVE

Describe in detail chain of events leading up to and through the mishap.

Corrective Action/Lessons Learned/Recommendations

NAME *(Person Preparing Report)*	TITLE	CODE	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 indicative of an unprofessional attitude which may be called to the attention of the Commander.

* All information provided by contractor is voluntary and will only be used for mishap prevention efforts.

RETURN COMPLETED FORM TO SAFETY OFFICE STAFF

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