

Year _____

U.S. Department of Labor
Occupational Safety and Health Administration

The logo of the U.S. Department of Labor, featuring a stylized diamond shape composed of four smaller diamonds, with a five-pointed star in the center.

Form approved OMB no. 1218-0176

Establishment name _____

City _____ State _____

[illegible]

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

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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

Authority 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 6055.07, Mishap Notification, Investigation, Reporting, and Record Keeping; and E.O. 9397 (SSN), as amended.

Principal Purpose Information collected is to provide the USACE leaders, soldiers, families and civilians in injury, illness, and loss data to effectively manage its safety and occupational health program.

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 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 statutory or regulatory authority.

Disclosure Failure to provide all the required information on the report may result in the rejection of report submission.

1. WHO IS REPORTING MISHAP

a. Name:		b. Phone number:	
c. Email address:		d. Signature:	
e. Report type:	<input type="checkbox"/> 1. Near Miss Report. (No injury/illness, or property damage. <u>Complete all fields with underlined text.</u>)	Date:	
	<input type="checkbox"/> 2. Initial Accident Report. (For accident notification within 24 hrs, <u>Complete all fields with underlined text.</u>)	Date:	
	<input type="checkbox"/> 3. Final Accident Report. (For reporting findings from accident investigation, complete full form.)	Date:	
f. Mishap Type. (Check all that apply)			
<input type="checkbox"/> Fatality	<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Near Miss
g. Were any of the following items associated with the mishap? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all that apply)			
<input type="checkbox"/> Electrical and/or Hazardous Energy	<input type="checkbox"/> Working at Heights	<input type="checkbox"/> Diving	<input type="checkbox"/> Load Handling Equipment or Rigging
<input type="checkbox"/> Occupational 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	j. Duty status at time of mishap:		k. Years experience in job:
l. What was individual doing when mishap occurred? (Select activity from the drop downs below.)			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If no, identify missing PPE:			
n. Was a Personal Flotation Device used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		o. Was a seat belt used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	