

## ACCIDENT REPORT

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT

FLEET OR NAV. DIST. NO.

Do not use

2. PERSONNEL INJURED

(Name, Rank, Rate or Trade, and Branch of Service)

AGE

YEARS  
EXPER.

DUTY OR WORK ASSIGNMENT

EST. DAYS  
LOST ORTOTAL  
DISABLING

REG.

TEMP.

RECR.

LV/LIB.

TRAV.

OTHER

TIME CHGS.

INJURIES

3. PROPERTY/EQUIPMENT DAMAGE

TYPE

OWNERSHIP

LABOR

ESTIMATED DAMAGE COST

MATERIAL

OVERHEAD

TOTAL

4. DATE AND TIME OF ACCIDENT

HOUR

DAY

MONTH

YEAR

WEATHER

LIGHT

GOOD

ADVERSE

NOT APPLIC.

GOOD

POOR

NOT APPLIC.

5. DESCRIPTION OF ACCIDENT: Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A. 1

☐ YES☐ NO

B. C.A. 2

☐ YES☐ NO

C. OTHER

(INDICATE):

7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

SIGNATURE OF SUPERVISOR,  
CHIEF OF WORKING PARTY  
OR HEAD OF WORK DETAIL:

TITLE, RANK, RATE OR GRADE

DATE

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF  
REVIEWING  
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE

	SECTION 9 AGENCY INVOLVED	Check (x) and specify in space provided the object or substance most closely associated with the injury and which in general could have been properly guarded or corrected. One check (x) MUST be entered in this section.	Do not use
		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>1. MACHINES: (Agitators, grinders, sewing machines, vice, saws, lathes, welding machines, etc.) <input type="checkbox"/></p> <p>2. PRIME MOVERS &amp; PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.) <input type="checkbox"/></p> <p>3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiter) <input checked="" type="checkbox"/> <i>Handwritten: Elevator</i></p> <p>4. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.) <input type="checkbox"/></p> <p>5. BOILERS &amp; PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>7. VEHICLES: (All types; except in traffic or flight) <input type="checkbox"/></p> <p>8. ANIMALS: (Including insects and reptiles) <input type="checkbox"/></p> <p>9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) <input type="checkbox"/></p> <p>10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) <input type="checkbox"/></p> <p>11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) <input checked="" type="checkbox"/></p> </div> <div style="width: 33%;"> <p>12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.) <input type="checkbox"/></p> <p>13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES: (Fire, alcohol, steam, points, etc.) <input type="checkbox"/></p> <p>14. DUSTS: (Explosive, organic or inorganic; leather, sooty, coal, etc.) <input type="checkbox"/></p> <p>15. RADIATIONS &amp; RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) <input type="checkbox"/></p> <p>16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.) <input type="checkbox"/></p> <p>17. AGENCIES: (Any object or substance not otherwise classified.) <input type="checkbox"/></p> </div> </div>	
		WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?	
	SECTION 10 UNSAFE MECHANICAL CONDITION	<p>Check (x) and specify the PRINCIPAL unsafe condition which led to or was responsible for the accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/></p> <p>19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/></p> <p>21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input type="checkbox"/></p> <p>22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>23. UNSAFE CLOTHING: (Lack of, unneeded or defective shoes, goggles, gloves, respirators, etc.) <input type="checkbox"/></p> <p>24. NO UNSAFE CONDITION: <input checked="" type="checkbox"/></p> <p>25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain) <input type="checkbox"/></p> </div> </div>	
	SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.) <input type="checkbox"/></p> <p>27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input checked="" type="checkbox"/></p> <p>28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/></p> <p>29. FALL ON SAME LEVEL. <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>30. FALL TO DIFFERENT LEVEL. <input type="checkbox"/></p> <p>31. <del>OVER-EXERTION</del> (Resulting in strain, hernia, etc.) <input checked="" type="checkbox"/> <i>Handwritten: Over-exertion</i></p> <p>32. EXPOSURE TO TEMPERATURE EXTREMES: (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input type="checkbox"/></p> <p>33. INHALATION, ABSORPTION, SWALLOWING: (Asphyxiation, poisoning, drowning, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>34. CONTACT WITH ELECTRIC CURRENT. <input type="checkbox"/></p> <p>35. ELECTRIC WELDING FLASH. <input type="checkbox"/></p> <p>36. FOREIGN BODIES IN EYE: (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/></p> <p>37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain) <input type="checkbox"/></p> </div> </div>	
	SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>38. OPERATING WITHOUT AUTHORITY: (Failure to secure or warn) <input type="checkbox"/></p> <p>39. OPERATING OR WORKING AT UNSAFE SPEED: (Too slow, too fast, throwing materials, etc.) <input type="checkbox"/></p> <p>40. MAKING SAFETY DEVICES INOPERATIVE: (Removing, misadjusting, disconnecting, etc.) <input type="checkbox"/></p> <p>41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY. <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>42. UNSAFE LOADING, PLACING, MIXING, ETC. <input type="checkbox"/></p> <p>43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) <input type="checkbox"/></p> <p>44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: (Cleaning, adjusting, oiling, etc.) <input type="checkbox"/></p> <p>45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: (Hats, goggles, etc.) <input type="checkbox"/></p> <p>47. NO UNSAFE ACT. <input checked="" type="checkbox"/></p> <p>48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain) <input type="checkbox"/></p> </div> </div>	
	SECTION 13 UNSAFE PERSONAL FACTOR	<p>Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) <input type="checkbox"/></p> <p>50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input checked="" type="checkbox"/></p> </div> <div style="width: 33%;"> <p>51. PHYSICAL DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/></p> <p>52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): <input type="checkbox"/></p> </div> </div>	
	SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>54. WOUNDS (Concussion, abrasion, incision, laceration) <input checked="" type="checkbox"/></p> <p>55. SPRAINS <input type="checkbox"/></p> <p>56. STRAINS (Muscular) <input type="checkbox"/></p> <p>57. HERNIA <input type="checkbox"/></p> <p>58. FRACTURES <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/></p> <p>60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/></p> <p>61. BURNS AND SCALDS <input type="checkbox"/></p> <p>62. FOREIGN BODY IMBEDDED <input type="checkbox"/></p> <p>63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>64. FLASHES <input type="checkbox"/></p> <p>65. FUMES AND GASES <input type="checkbox"/></p> <p>66. POISONS <input type="checkbox"/></p> <p>67. SKIN DISEASE (Occupational) <input type="checkbox"/></p> <p>68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocuting, Heat Exhaustion, etc.) <input type="checkbox"/></p> </div> </div>	
	SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>69. HEAD <input checked="" type="checkbox"/></p> <p>70. BACK <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>71. EYES <input type="checkbox"/></p> <p>72. TRUNK <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>73. ARMS <input type="checkbox"/></p> <p>74. HANDS <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>75. FINGERS <input type="checkbox"/></p> <p>76. LEGS <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>77. FEET <input type="checkbox"/></p> <p>78. TOES <input type="checkbox"/></p> </div> <div style="width: 33%;"> <p>79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/></p> <p>80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/></p> </div> </div>	