

19a) Indirect Cause(s) of Mishap

Ladder	Walking Working Surface	Aerial Work Platform	Scaffold
Vertical Construction	Inadequate Training	Other	

19b) Detailed Description of the Contributions of the Indirect Cause(s) to the Mishap

20) Working Over or Near Water? Yes No

21) Is this accident indicative of a recurring problem? Yes No

If yes, list ENLink Report Numbers:

22) Immediate and Long Term Corrective Actions

23) Attach the AHA, Fall Protection Plan, Photos, Site Diagram, Authorized User Certificate, Competent Person Certificate, Qualified Person Certificate, and any other relevant documents. Check any and all documents which are attached.

AHA	Fall Protection Plan	Photos	Site Diagram
Authorized User Certificate	Competent Person Certificate	Qualified Person Certificate	
Any Additional Attachments			

24) Preparer	Phone	Email	Office	Date
---------------------	--------------	--------------	---------------	-------------

25) Reviewer (Include Title and Signature)	Office	Date
---	---------------	-------------

FALL MISHAP INVESTIGATION FORM INSTRUCTIONS

This form is designed for fax transmission without a cover page or by e-mail and, with enclosures and signatures, shall be the official document. Electronic submission will be accepted without signatures but the names of the preparer, concurring personnel, and certifying official shall be filled in. The e-mail address is: ellen.b.stewart@usace.army.mil

- 1) Mishap Category: Indicate either USACE/Government mishap or Contractor mishap.
- 2) District: District that is responsible for reporting the mishap.
- 3) Project Office: Self-explanatory.
- 4) Project: The specific project where the mishap occurred, along with the exact location (e.g. Building 600 Roof)
- 5) Activity: The activity being done at the time the mishap occurred.
- 6) Report No.: (To be completed by CESO) CESO will assign a tracking number.
- 7) Mishap Date: The date the mishap occurred.
- 8) Mishap Time: The time (24 hour clock) the mishap occurred (e.g., 1300) along with time zone.
- 9) Date of Last Inspection: Date fall protection equipment was last inspected, if required by EM 385-1-1 or manufacturer.
- 10) Fall Protection Manufacturer: The manufacturer of the fall protection equipment (e.g., DBI, Gravitec, Miller), if applicable. N/A if it is not applicable. If the system was constructed on-site (railing), state so in the block.
- 11) Model Number: The manufacturer model number of the fall protection equipment, if applicable. N/A if it is not applicable.
- 12) Fall Protection Type: The type of fall protection involved in the accident (select from this list)
 - Parapet Wall (PW)
 - Standard Guardrail System (SGS) – Please list type of material (e.g. Wood, Pipe, Steel Cable, Scaffolding).
 - Cover(s)
 - Safety Net System (SNS)
 - Personal Fall Arrest System (PFAS) – Please list type of arrest system (e.g. 6' or 12' Lanyard, Self-Retracting Device, Fall Arrestor/Rope Grab)
 - Vertical Lifeline (VLL)
 - Horizontal Lifeline (HLL)
 - Positioning System (PS) – Please list the separate system that provided backup protection from a fall.
 - Restraint System (RS)
 - Ladder-Climbing Device (LCD)
 - Warning Line System (WLS)
 - OTHER - Describe
- 13) Was there a current, up-to-date, accepted Activity Hazard Analysis (AHA) for this activity? If so, attach document.
- 14) Was a Fall Protection Program and Plan prepared and accepted? If so, attach document.
- 15) Training Certifications: List names of the authorized user, competent person, and qualified person. Use N/A if it is not applicable. Attach certificates to the investigation form.
- 16) Reported in ENGLink? Self-explanatory. If yes, list the Preliminary Accident Notification (PAN) number.
- 17) Mishap Type: Check all that apply.
- 18) Direct Cause(s) of Accident: Check all that apply. In 18b), provide a detailed description of the mishap including the contributions of the direct cause(s) to the mishap. For equipment malfunction or failure, include specific description of the component and the resulting effects of the malfunction or failure.
- 19) Indirect Cause(s) of Mishap: Check all that apply. In 19b), provide a detailed description of the contributions of the indirect cause(s) to the mishap. Aerial work platform applies to scissor lifts, aerial lifts, boom lifts, crane-support work platforms, etc. Vertical construction applies to activities such as rebar tying, steel erection, etc.
- 20) Working Over or Near Water: Self-explanatory.
- 21) Is this a recurring problem? Check yes or no. List PAN numbers for any similar mishaps.
- 22) Corrective Actions: List all short term and long term corrective actions that are taken to prevent recurrence of the incident. Short Term Corrective Actions are those actions taken that will allow return to work in short time frame. Long Term actions are more 'programmatic' in nature and typically include: process revision, changes in training, 'mistake proofing', etc.
- 23) Attach the AHA, Fall Protection Plan, Photos, Site Diagram, Authorized User Certificate, Competent Person Certificate, Qualified Person Certificate, and any other relevant documents. Check any and all documents which are attached.
- 24) Preparer: Self-explanatory.
- 25) Reviewer: The Fall Mishap Investigation Form should be reviewed by the preparer supervisor or project manager.