

**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 196.29. 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. For additional information for the types of records within this system, visit: <http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570035/a0385-1040-aso.aspx>

**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 Personnel 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	

<b>p. Government personnel only:</b>			
1. Job series:		2. Rank:	3. Grade:
4. Center / Division / Lab:			5. District:
<b>q. Contractor personnel only:</b>			
1. Employer / Contractor name:			
2. Individual's occupation / trade:		Other not listed:	
r. If mishap occurred on a contractor site, provide the following:			
1. Prime Contractor name:			
2. Contract number:		3. Contract type:	4. Funding type:
<b>3. WHAT TYPE OF INJURY / ILLNESS OCCURED?</b>			
a. Severity of injury/illness?		b. Type of Injury/Illness:	
c. Identify body part(s) affected by injury / illness:			
Primary body part affected:		Secondary body part affected:	
d. Identify cause and source of injury / illness:			
Cause of injury / illness:		Source of injury / illness:	
e. Was employee treated by a physician or health care professional provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide name of physician or health care professional provider?			
f. Was treatment given away from work site? <input type="checkbox"/> Yes <input type="checkbox"/> No		g. Was employee treated in an emergency room ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
h. If treatment was given away from the work-site, where was it given? <b>(For Government Personnel Only)</b>			
Treatment facility name:			
Address:			
City:	State:	Zip:	Country:
i. Was employee hospitalized as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many nights?	Was OSHA notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> OSHA requires reporting all work-related fatalities within 8 hours and in-patient hospitalizations, amputations and loss of an eye within 24 hours to OSHA.			
j. Estimated days away from work:		k. Estimated days of restricted / transferred duty:	
<b>4. WHAT HAPPENED?</b>			
a. What was the primary activity occurring at the time of the mishap?			
Other, not listed:			
b. What happened? Provide a detailed description of the mishap. (Do not include any personally identifiable information (name, etc.).)			
Note: Provide supporting photos, charts, diagrams, etc. with this report.			
c. What other organizations or agencies have been notified about this mishap?			

**5. WHAT TYPE OF PROPERTY / MATERIAL WAS INVOLVED?**

a. List all property / material involved in the mishap. (Include damaged and undamaged property.)

	<i>Item A</i>	<i>Item B</i>	<i>Item C</i>
i. Type of item:			
Other not listed:			
ii. Name of item(s):			
iii. Event type:			
Other not listed:			
iv. Ownership of item:			
v. Dollar cost of damage:			

**6. WHEN DID THE MISHAP OCCUR?**

a. Date the mishap occurred:	b. Time mishap occurred:
c. What day did mishap occur on?	d. What period of day did mishap occur?

**7. WHERE DID THE MISHAP OCCUR?**

a. Did the mishap occur on a military Base/Post?  Yes  No

b. USACE Office / Project name:

c. Select the location type most closely associated with the mishap:

d. Identify exact location where mishap occurred:

Address:

City: State: Zip: Country:

e. Latitude: f. Longitude:

**8. WHY DID THE MISHAP OCCUR? (Recommend completing this section for Near Misses.)**

**A. Performance Causal Factors**

1. Did a problem with performance contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**B. Support Causal Factors**

1. Did a problem with resources contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**C. Standards / Policy / Planning Causal Factors**

1. Did an organizational standard / policy / or plan contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Was a written Activity Hazard Analysis (AHA) or equivalent completed and accepted by Government Designated Authority (GDA) for task(s) being performed at time of mishap? (If yes, attach a copy to this report)  Yes  No

If yes, was the AHA available and used by worker?  Yes  No

3. Was a written work plan (critical lift plan, fall protection plan, etc.) required, completed and accepted by the GDA for task(s) being performed at time of mishap?  Yes  No

If yes, was the plan available and used by worker?  Yes  No

4. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**D. Training Causal Factors**

1. Did a problem with training contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Was individual trained to perform the activity / task?  Yes  No

If yes, select type of training:  Classroom  Certification/License  On the job

Other, describe:

What was date of most recent training?

3. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**E. Leader / Supervisor Causal Factors**

1. Did any leader / supervisory mistake / task error contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Did the safety climate/culture contribute to the mishap?  Yes  No

3. Did challenges with teamwork contribute to the mishap?  Yes  No

4. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**F. Individual Causal Factors**

1. Did any individual mistakes/task errors contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**G. Physical Environment Causal Factors**

1. Did any physical environment contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**H. Material Causal Factors**

1. Did any material failure contribute to this mishap occurring?  Yes  No

If yes, select the error that contributed most to the mishap:

2. Which failure is most closely associated with the material failure/malfunction?

3. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**I. Environmental Causal Factors**

1. Did any environmental condition contribute to this mishap occurring?  Yes  No

If yes, select the factor that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

**J. Facility / Building Design**

1. Did the design of the facility / building contribute to the mishap?  Yes  No

If yes, describe:

2. Describe action(s) taken, anticipated or recommended to eliminate hazard:

**K. Existing Hazard**

1. Did a hazard(s) contribute to the mishap?  Yes  No

If yes, describe the hazard(s):

2. Describe action(s) taken, anticipated or recommended to eliminate hazard(s):

**9. Corrective Action plan**

a. Have all corrective action(s) to prevent mishap recurrence been completed?  Yes  No

b. What person is / was responsible for corrective action plan?

c. What date will / have all corrective action(s) be/been completed by:

d. Additional information:

**10. Additional Information**