

GROUND MISHAP REPORT

(COMPLETE BOTH SIDES OF THE FORM AND FORWARD TO SAFETY OFFICE)

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1. NAME (LAST, FIRST MI)		2. UNIT/OFFICE	3. GRADE	4. AFSC/JOB SERIES	5. AGE	6. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	7. DUTY PHONE
8. INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/>							
9. DATE & TIME OF MISHA		10. DAY OF WEEK		11. DUTY <input type="checkbox"/> ON <input type="checkbox"/> OFF		WORK HOURS : -	
				12. HOURS ON DUTY PRIOR TO MISHAP		WITHIN 48 HRS OF MISHAP	
13. # AEF ASSIGNED	14. # DAYS SINCE LAST DEPLOYMENT		16. LOCATION OF MISHAP: On/Off Base / Bldg # / Room / etc:			17. ACTIVITY (SELECT ONLY ONE)	
	15. # DAYS DEPLOYED IN LAST 365 DAYS					A - O P - Z	
18. DESCRIBE INJURY		19. MISHAP CATEGORY			INJURY CLASS:		
		# LOST DAYS: HOSP			CONV LV: QTRS:		
20. DESCRIBE VEHICLE / EQUIPMENT DAMAGE:				21. YEAR / MAKE / MODEL / SERIAL NUMBER		22. PROPERTY DAMAGE COST	
23. WRITTEN INSTRUCTIONS	PUBLISHED <input type="checkbox"/> YES <input type="checkbox"/> NO		AVAILABL <input type="checkbox"/> YES <input type="checkbox"/> NO		ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		USED <input type="checkbox"/> YES <input type="checkbox"/> NO
24. PPE TYPE	REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		USED <input type="checkbox"/> YES <input type="checkbox"/> NO		25. SUPERVISION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
26. TRAINING	REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO		PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO
27. DESCRIPTION OF MISHAP (WHAT HAPPENED)							
28. SUPERVISOR'S REPORT ON WHAT HAS BEEN DONE TO PREVENT RECURRENCE OF SIMILAR MISHAPS							
SUPERVISOR'S SIGNATURE (Grade, and duty phone)						DATE	
USR SIGNATURE (Grade, and duty phone)						DATE	
29. UNIT COMMANDER'S COMMENTS							
COMMANDER'S SIGNATURE (Grade, and duty phone)						DATE	
30. WING SAFETY: REPORTABLE? Yes or No		DATE RECIEVED:		COMMENTS / RECOMMENDATIONS:			
SAS#:		UCN					

CHECK ALL THAT APPLY

- UNCONSCIOUS AS A RESULT OF THE MISHAP
- PRESCRIPTION DRUGS OR NON-PRESCRIPTION DRUGS AT PRESCRIPTION LEVELS
- IMMUNIZATIONS AS A RESULT OF A MISHAP OTHER THAN TETANUS
- SUTURES, STAPLES OR GLUE FOR WOUNDS
- RIGID STAYS OR OTHER SYSTEMS DESIGNED TO IMMOBILIZE PARTS OF THE BODY (INCLUDES CAST)
- REMOVED OBJECT FROM THE EYE
- RESTRICTED DUTY OTHER THAN QUARTERS
- MEDICAL PROFILE, QUARTERS SLIP OR CONVALESCENT LEAVE FORM ATTACHED
- NEEDLE STICKS OR CUTS BY SHARP OBJECT WHICH ARE CONTAMINATED

IDENTIFY THE DAYS OF THE WEEK THE MEMBER IS SCHEDULED TO WORK _____ THROUGH _____

INSTRUCTIONS

BLOCK

- 1-7 SELF-EXPLANATORY
- 8. IDENTIFY IF MISHAP INVOLVED INJURY AND/OR PROPERTY DAMAGE
- 9. DDMMYY & 24 HOUR CLOCK
- 10. SELECT DAY OF WEEK FROM DROP DOWN MENU
- 11. INDICATE IF MISHAP OCCURRED ON OR OFF DUTY AND MEMBERS WORK HOURS
- 12. INDICATE NUMBER OF HOURS ON DUTY PRIOR TO MISHAP AND WITHIN THE PAST 48 HOURS
- 13-16 SELF EXPLANATORY
- 17. INDICATE ACTIVITY AT TIME OF MISHAP FROM DROP DOWN MENU
- 18. INDICATE INJURY SUCH AS SPRAINED, STRAINED, FRACTURED ETC. RIGHT ANKLE, WRIST, ETC
- 19-29 SELF EXPLANATORY
- 30. **FOR SAFETY OFFICE USE ONLY**