

# SUPERVISOR'S MISHAP AND NEAR MISS REPORT

PHONE: (703) 784-2866

TO: Commander, Marine Corps Base (B 51)

1. INJURED PERSON: <i>(Last Name, First, MI)</i>			
2. AGE:	3. SEX:	4. PAY GRADE:	5. MOS/OCCUPATION/TRADE:
6. TRAINING/CERTIFICATION:			
7. COMPONENT:		8. JOB ASSIGNMENT:	9. YEARS OF EXPERIENCE:
10. REPORTING ACTIVITY/UNIT: <i>(Command, Division, etc.)</i>		11. DUTY STATION:	
19. CHECK ONE: <i>(Or more, if applicable.)</i>			
<input type="checkbox"/> FATALITY <input type="checkbox"/> INJURY <input type="checkbox"/> OCCUPATIONAL ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> PERMANENT TOTAL DISABILITY <input type="checkbox"/> PERMANENT PARTIAL DISABILITY <input type="checkbox"/> PROPERTY DAMAGE			
13. DATE OF INJURY:		14. DAY OF WEEK:	15. HOUR OF DAY:
16. ON/OFF DUTY:			
17. DATE RETURNED TO WORK:	18. NO. WORKDAYS LOST:	19. NO. DAYS HOSPITALIZED:	20. NO. OF RESTRICTED DAYS/LIGHT DUTY:
21. DUTY STATUS: <i>(At time of mishap.)</i>		22. PLACE OF OCCURRENCE: <i>(St, Bldg, Rm, etc.)</i>	23. ASSIGNED WORKPLACE: <i>(Occupational mishaps only.)</i>
		<input type="checkbox"/> ON BASE <input type="checkbox"/> OFF BASE	
24. WITNESS: <i>(Name, Address and Telephone Number)</i>			
25. DESCRIPTION OF MISHAP: <i>(Describe circumstances and events leading to and associated with mishap in sufficient detail that reviewing authorities may gain a complete understanding of cause and effect relationships. If more space is needed use a blank sheet of paper and attach to this form.)</i>			
26. TYPE OF MISHAP: <i>(Describe "How" injury occurred, e.g., struck by, fall, etc.)</i>			
27. TYPE OF INJURY: <i>(Cut/Laceration, Bruise/Contusion, etc.)</i>		28. BODY PART INJURED: <i>(Right Arm, Left Leg, etc.)</i>	
29. WEATHER CONDITION:		30. UNSAFE PERSONAL FACTOR: <i>(Speeding, looked away, etc.)</i>	
31. PERSONAL PROTECTIVE EQUIPMENT REQUIRED:		32. PERSONAL PROTECTIVE EQUIPMENT UTILIZED:	
33. DOD PROPERTY, EQUIPMENT DAMAGED:		34. NON-DOD PROPERTY, EQUIPMENT DAMAGED:	
35. TOTAL COST PROPERTY DAMAGED:		36. TOTAL INJURY COST: <i>(If known.)</i>	

**SUPERVISOR'S MISHAP AND NER MISS REPORT (Continued)**

37. UNSAFE ACT: <i>(Act directly contributing to mishap.)</i>	38. UNSAFE/HAZARDOUS CONDITION: <i>(Unsafe condition of objects or environment.)</i>
---	--

39. CAUSE(S)/CONTRIBUTING FACTORS: *(e.g., Fatigue, Supervisory Error, Ineffective Policy, Procedures Not Followed.)*

Not yet determined, pending completion of investigation.

Determined (list cause).

40. CORRECTIVE ACTION TAKEN: *(Describe)*

**INJURED PERSON SIGN BELOW**

41. SIGNATURE:	42. TITLE, GRADE AND TELEPHONE NUMBER:	43. DATE:
----------------	--	-----------

**SUPERVISOR SIGN BELOW**

44. SIGNATURE:	45. TITLE, GRADE AND TELEPHONE NUMBER:	46. DATE:
----------------	--	-----------

**UNIT SAFETY OFFICER SIGN BELOW**

47. SIGNATURE:	48. TITLE, GRADE AND TELEPHONE NUMBER:	49. DATE:
----------------	--	-----------

**COMMANDING OFFICER/DIVISION DIRECTOR SIGN BELOW**

50. SIGNATURE:	51. TITLE, GRADE AND TELEPHONE NUMBER:	52. DATE:
----------------	--	-----------