

ACCIDENT REPORTING PROCEDURE (Q & A)

U.S. Naval Academy

Question: **WHAT MUST BE REPORTED?**

Answer: All civilian mishaps that occur on-duty. For active duty personnel, injuries and fatalities that occur both On-Duty and Off-Duty including sports and PRT participation and when the member is on leave at another location. Also, the following incidents must be reported even if no injury occurs:

- Electric Shock
- Laser Mishaps
- Man Overboard - All Cases
- Confined Space Incidents
- Chemical or Toxic Overexposure
- Motor Vehicle Accidents
- Near-Mishaps
- Mishaps resulting in Government Property Damage

Question: **WHO INVESTIGATES AND REPORTS MISHAPS?**

Answer: First-line supervisors/Company Officers (as appropriate) are responsible for the initial investigation and report of all injuries. On-the-job fatalities, mishaps with three or more persons injured in a single incident and accidents resulting in property damage that may exceed \$200,000 must be investigated by the Safety Department or a Class A/B investigation team as assigned. For assistance:

- Civilian Mishaps: POC - Jon Wilkinson x36662
- Military/Midshipmen: 0730 - 1600: POC: Cathy Quigley x35666 or the front desk x35660
- After work hours: The Fire Dept. Dispatch or Naval Academy Duty Officer (NADO) will call the Safety Manager at home.
- For less serious mishaps after hours and weekends, the Base Operations Officer will notify the Safety Department the following work day.

Question: **WHEN MUST MISHAPS BE INVESTIGATED AND REPORTED?**

Answer: Immediately. The longer you wait, the harder it is to obtain facts, observe evidence, etc. Fatalities or incidents resulting in three or more persons hospitalized must be reported to the Safety Department immediately.

- Reports must be made to the Safety Department within 3 days of the mishap occurrence.

Question: **WHAT FORM IS USED FOR REPORTING MISHAPS?**

Answer: "Supervisor's Report of Mishap (Injury)" USNA DME 5100/7 (Rev. 9-95). **PRINT OUT FORM BELOW.**

- For civilian mishaps, a Form CA-1 or CA-2 as appropriate will be completed and forwarded the Human Resources Department.
- Supervisors must fill out a Dispensary Permit for employees visiting the NMCL Occupational Health Clinic.
- Send the following to the Safety Department:
 1. Original Supervisors Report of Mishap and witness statements if available
 2. Photocopy of Dispensary Permit and/or other medical notifications.
 3. Photocopy of Form CA-1 or CA-2

Question: IS ANY ADDITIONAL ACTION REQUIRED?

Answer: Yes, corrective action is always required. If corrections cannot be made immediately, interim measures must be initiated. Even in cases of personal error, training can be conducted using the mishap as an example.

MISHAP REPORTING IS A MANDATORY SUPERVISOR RESPONSIBILITY

Form located on next two pages.

SUPERVISOR'S REPORT OF MISHAP (INJURY)

PRIVACY ACT STATEMENT

Authority: 5 USC 501: Executive Order 9397

Purpose: To provide identification of individuals for Supervisor's Mishap Reporting System.

Use: To complete information required for OPNAV 5100.23D OPNAV Safety Report Form.

Disclosure: Disclosure is required. Failure to provide the requested information will prevent adequate processing of Safety Report in a timely manner, thus affecting the overall rating of the Accident investigation Reporting system within the Safety Program of the Naval Academy/Naval Station.

Social Security Number: Disclosure is not required; however, failure to do so may result in confusion of your personal data with that of someone with the same or similar name.

A PRIORITY REPORT
Complete and send to the appropriate Safety Department
USNA Stop 18b OR NAVSTA Stop 23
within 3 days of mishap.
RETURN ORIGINAL - DO NOT RETAIN COPIES

NAME (Last/First/MI): RANK/RATE or JOB TITLE: PAY GRADE:

SSN: DEPT/SHOP/COMPANY or CLASS: SEX: DOB:

Date of Mishap: Time of Mishap: G On Duty G Off Duty

Years experience in activity performed at time of mishap:

Days on Restricted/Light Duty: Actual: _____ Estimated: _____
 Days Away From Work/Class/Days In Hospital: Actual: _____
 Days Hospitalized Only: Actual: _____ Fatality: _____

Describe Injury/Illness (**BE SPECIFIC** - what part of body affected, etc.):

Location of Mishap: Work/Job Order #:

Describe Job/Task/Activity Assigned To: Months of Experience at Assigned Job/Task/Activity:

Describe SPECIFIC PART of job/task/activity performed when injury occurred:

What Personal Protective Equipment (PPE) is required for that job/task/activity?:

Was injured person wearing Personal Protective Equipment (PPE)? G YES G NO
 Was injured person trained/instructed how to perform this specific job/task/activity? G YES G NO
 Can training/instruction be documented? G YES G NO
 Was training/instruction relative to mishap? G YES G NO
 Did you inspect the mishap site? G YES G NO

BASIC CAUSE of mishap was G Unsafe Act (personal error) **or** G Unsafe Conditions **or**
 G Sports Participation (Midn/Military) **or** G Act of God.

CONTRIBUTING (secondary) CAUSE (check one or more as applicable):

___ fatigue ___ distraction/inattention ___ haste ___ inadequate work space
 ___ habit ___ lack of training/instruction ___ over confident ___ inadequate/improper tool/equipment
 ___ other (explain) ___ attitude/behavior ___ excessive motivation

SPECIFIC CAUSE of Mishap (check one or more as applicable):

___ repetitive motion ___ unsafe practices ___ did not recognize hazard
 ___ horse play ___ not authorized to use tool/equipment ___ equipment malfunction
 ___ improper tool/equipment uses ___ assuming unsafe posture ___ controls incorrectly operated
 ___ weather ___ working without safety guard ___ lack of maintenance
 ___ slippery/uneven walking surface ___ repairing equipment while energized ___ PPE not used
 ___ housekeeping ___ failure to use caution for known risk ___ electrical shock
 ___ other (explain)

Physical Surroundings at time of mishap (weather, equipment, machinery, aisles, features, etc.)?

Describe the sequence of events: (who, what, when, where, how, why, INCLUDING MEDICAL TREATMENT).

Medical Treatment: NMCL Annapolis NNMC Bethesda Private Physician Other:

How many medical visits to date?: _____ Will there be additional follow-up visits?: YES NO

Physician-s Comments including **MEDICAL TREATMENT**: *(Civilians Attach Dispensary Permit)*

Corrective action taken to eliminate/avoid recurrence of hazard/injury causing agent(s) and date initiated. **(MANDATORY)**

If injury includes chemical or toxic exposure, complete this block. *(Complete block even if it is suspected.)*

Product or Material Name:

Product NSN and Manufacturer's Stock Number (if known):

Ingredients:

Manufacturer's Name:

MSDS number of product, if known:

1st Level Supervisor (Signature)

Date

2nd Level Supervisor (Signature)

Date

Printed Name

Printed Name

Department

Department

Telephone Number(s)

Telephone Number(s)