

DHHS ACCIDENT REPORT

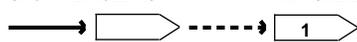
To be used to report accidents including exposures to chemical, biological or radiological agents and property damage. PLEASE PRINT. Do NOT fill in shaded blocks.

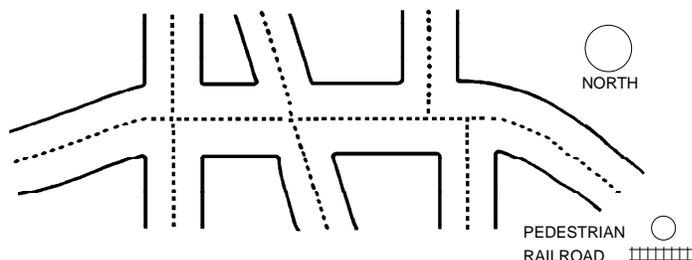
REPORT DATA																									
1. ORGANIZATION			2. CASE NUMBER			3. SEQUENCE NO.		4. TYPE OF REPORT I - INITIAL S - SUPPLEMENTAL* C - CORRECTED* <small>* Use same case No. see initial Report</small>		5. TYPE OF ACCIDENT P - PROPERTY ONLY I - INJURY / ILLNESS B - BOTH															
			Year Number																						
PERSONNEL INVOLVED DATA																									
6. NAME (Last, first middle initial) PLEASE PRINT						7. SOCIAL SECURITY NUMBER				8. AGE		9. SEX													
						<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>																M F			
10. PAY PLAN		11. GRADE		12. STEP		13. SERIES		14. OCCUPATION				15. YEARS OF SERVICE													
												In present position													
16. PERSONNEL STATUS A - CIVILIAN EMPLOYEE F - COMMISSIONED OFFICER B - VISITING SCIENTIST G - OTHER FED. EMPLOYEE C - CONTRACTOR H - STATE / LOCAL GOVT. D - HOSPITAL PATIENT I - STUDENT / VOLUNTEER E - OUTPATIENT Z - PUBLIC						17. DUTY STATUS A - ON DUTY AT FACILITY F - OFF DUTY B - ON DUTY OFF FACILITY P - PATIENT C - TDY AT FACILITY R - VISITOR D - TDY OFF FACILITY Z - NOT APPLICABLE E - CHANGE OF DUTY				18. HOURS ON DUTY AT TIME OF ACCIDENT (Fed. employees CO's only)		19. EMPLOYEE WORK PHONE ()													
20. SUPERVISOR NAME (Last, First) PLEASE PRINT						21. SUPERVISOR LOCATION & PHONE NUMBER																			
ACCIDENT / INJURY / ILLNESS DATA																									
22. DATE OF ACCIDENT				23. TIME OF ACCIDENT			24. STATE		25. ACCIDENT LOCATION (Include Bldg. & Room Number or outside location)																
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Month Day Year				24 HOUR CLOCK																					
26. DESCRIPTION OF ACCIDENT (Use reverse side for additional space)																									
27. NATURE OF INJURY OR ILLNESS			28. PART OF BODY			29. SEVERITY OF INJURY / ILLNESS 1. No Treatment Required 5. Disabling (Temporary) 2. First Aid Only 6. Disabling (Perm. Partial) 3. Medical Treatment Only 7. Disabling (Total) 4. Occupational Illness 8. Fatality				30. CULMINATION 1. No Restriction 2. Restricted 3. Temp. Transfer 4. Perm. Transfer 5. Terminated															
31. DAYS AT WORK but restricted activity			32. DAYS AWAY FROM WORK Due to Accident			33. WEATHER at time of accident		34. JOB RELATIONSHIP D - Direct I - Indirect		35. THIRD PARTY INVOLVED? Y or N		36. RECORDABLE Y or N													
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37. DATE OF THIS REPORT			38. Completed by (If other than Supervisor)																						
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Month Day Year																									
ACCIDENT ANALYSIS DATA																									
39. CAUSE OF INJURY / ILLNESS (OWCP Type) See Appendix for additional codes. 100 - Struck 300 - Caught 500 - Contacted 700 - Exposed 950 - Insufficient Data 200 - Fall, Slip, Trip 400 - Puncture, Cut 600 - Exerted 800 - Travel 999 - NEC																									
40. ACTIVITY AT TIME OF ACCIDENT			41. SOURCE OF INJURY OR DAMAGE			42. UNSAFE CONDITION		43. UNSAFE ACT		44. CONTRIBUTING FACTOR		45. FIRE Form of Ignition													
46. FIRE Type of Material			47. FIRE Form of Material			48. PROPERTY DAMAGED		49. PROPERTY OWNERSHIP		50. AMOUNT OF DAMAGE OR LOSS															
										<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>															
51. YEAR OF MFG / CONST			52. COULD ACCIDENT HAVE RESULTED IN A MORE SERIOUS INJURY OR LOSS BY A MINOR CHANGE IN TIME OR POSITION? Y or N				53. CORRECTIVE ACTION TAKEN																		
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Explain what led up to the accident. How the accident happened. Equipment failures. Material defects, etc. Plus necessary sketches or photographs to make facts clear. (Use Additional Sheets, If Necessary)

WITNESS: NAME AND ADDRESS

DRAW A DIAGRAM OR SKETCH OF WHAT HAPPENED:

FOR MOTOR VEHICLE ACCIDENTS:
 SHOW VEHICLE AS AND NUMBER EACH

 USE BOLD LINE TO SHOW PATH BEFORE ACCIDENT
 USE DASHED LINE TO SHOW PATH AFTER ACCIDENT
 SHOW DIRECTION OF TRAVEL BY ARROWS
 GIVE NAMES OR NUMBERS OF STREETS OR HIGHWAYS



Signature, Address, and Title of Reporting Official	Date	Telephone ()
Signature, Address, and Title of Reviewing Authority	Date	Telephone ()
Signature, Address, and Title of Reporting Official	Date	Telephone ()
Safety and Occupational Health Office Review	Agency, Region, or Office	Date
		Telephone ()

NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED

In compliance with the Privacy Act of 1974, the following information is provided:

1. Solicitation of the information is authorized by the Occupational Safety and Health Act of 1970 (PL 91-696); 5 USC 7902; 29 CFR 1960; 28 USC 2671-80 and Executive Order 12196 (1 Oct 1980); these authorities do not require that penalties be imposed for failure to respond to this request.
2. The principal purpose for which this information is collected is to provide statistical data and analysis of injury, illness and property loss experience in support of the Departmental, Agency, Region and Staff Office Safety and Health Programs as well as required statistical summations or reports to the Department of Labor and other governmental entities or functions requiring such information.
3. Routine uses of this information include: a) Providing the means for complying with the reporting requirements of the Occupational Safety and Health Act of 1970, 29 CFR 1960; and such other reports as may be required by legislative or regulatory obligations: b) Providing such summary statistical data and analysis as is necessary to appropriately evaluate the effectiveness of the safety management programs and assist appropriate departmental functions in the initiation and support of corrective or preventive action: c) Responding to a court subpoena or court of competent jurisdictions in a criminal or civil suit; and d) Transferring to the appropriate governmental or regulatory entities, whether federal, state, local or foreign, such information as is relevant to investigative action or when a violation or potential violation of a statute or regulation is indicated.
4. The effect on the individual of not providing all or part of the requested information may be to render impossible or to delay the Department's documenting the injury, illness, and/or property loss. Every effort will be made to obtain the factual information relating to an incident from other sources should the individual involved refuse to provide the requested information.