



MISHAP DATA WORKSHEET

FROM SUPERVISOR: <i>(Name, Rank, Office Symbol)</i>		THRU UNIT SAFETY REPRESENTATIVE: <i>(Name, Rank)</i>	
THRU UNIT COMMANDER: <i>(Name, Rank, Unit)</i>		TO WING SAFETY OFFICE: <i>(Name, Rank, Unit)</i>	
PERSON DATA			
INJURED PERSON: <i>(Name, Grade)</i>		AFSC/Job Series:	
UNIT:	OFFICE SYMBOL:	DUTY PHONE:	
AGE:	GENDER: <input type="checkbox"/> M or <input type="checkbox"/> F	APPLICABLE TRAINING DATES:	
DAYS SCHEDULED TO WORK: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT			
<input type="checkbox"/> ON-DUTY or <input type="checkbox"/> OFF-DUTY		WORK HOURS:	DUTY STATUS:
TYPE OF INJURY: <i>(Bruise, Cut, Strain, etc.)</i>			
LOCATION AND PARTS OF BODY INJURED: <i>(Lower Back, Right Leg, etc.)</i>			
DATE OF MEDICAL TREATMENT:	PHYSICIAN'S NAME:	HOSPITAL/CLINIC ADDRESS:	
MISHAP DATA			
EXACT MISHAP LOCATION: <i>(on/off base, work center)</i>		DATE OF MISHAP:	TIME OF MISHAP:
EQUIPMENT/VEHICLE INVOLVED: <i>(Description of equipment/vehicle if applicable)</i>			
SEAT BELTS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAN HOURS TO REPAIR:	REPLACEMENT COST: \$	
		MATERIAL COST: \$	
ALCOHOL INVOLVED: <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL COST OF REPAIR: \$	
<p>Brief Narrative: (Explain details of mishap. If training was a factor, whether personal protective equipment was needed and used, if alcohol or seat belts were involved, if written procedures were factors)</p>			

Brief Narrative (Continued):

Corrective Actions Taken or Planned:

REVIEW/COORDINATED

UNIT SAFETY:

UNIT COMMANDER:

(Signature)

(Date)

(Signature)

(Date)