

SUPERVISOR'S MISHAP REPORT

Authority: Executive Order 12196, 29 CFR 1960, 10 USC 8013, DoDI 6055.07 and AFI 91-204. **Privacy Act:** This form requires collecting and maintaining information protected by the Privacy Act of 1974. Form will be safeguarded from unauthorized disclosure. **Purpose:** To assist safety professionals in making identification of individuals and to obtain required personal information to complete mishap reports. **Routine Use:** Used to (a) Establish the severity of injury/illness and to ensure proper reporting accountability within the Department of the Air Force; (b) Identify causes of illness/injuries so supervisors and functional managers can take appropriate action to eliminate or control unsafe and unhealthy conditions; (c) Prepare statistical and historical reports as required by Executive Order 12196 and Department of Defense; (d) Provide documentation for cumulative summation of treatment causes. **Disclosure:** Voluntary, however failure to provide requested information may delay appropriate corrective action to ensure personal safety and reporting mishap to AFSEC.

MISHAP DATA INFORMATION

1. NAME (Last, First, Middle Initial) <input style="width: 90%;" type="text"/>		2. GRADE/RANK <input style="width: 80%;" type="text"/>	3. AGE <input style="width: 40%;" type="text"/>	4. SEX <input style="width: 80%;" type="text"/>
5. UNIT OFFICE SYMBOL <input style="width: 80%;" type="text"/>	6. DAFSC/OCC SERIES <input style="width: 80%;" type="text"/>	7. JOB TITLE <input style="width: 90%;" type="text"/>		8. DUTY PHONE <input style="width: 80%;" type="text"/>
9. DATE OF MISHAP <input style="width: 80%;" type="text"/>	10. TIME OF MISHAP (24hr Format) <input style="width: 80%;" type="text"/>	11. MISHAP OCCURRED <input style="width: 90%;" type="text"/>	12. ON/OFF DUTY <input style="width: 80%;" type="text"/>	13. DUTY STATUS <input style="width: 80%;" type="text"/>
14. DAYS SCHEDULED TO WORK (check all that apply) <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT		15. WORK SHIFT HOURS (24hr Format) <input style="width: 40%;" type="text"/> to <input style="width: 40%;" type="text"/>		16. HOURS ON DUTY PRIOR TO MISHAP <input style="width: 80%;" type="text"/>
17. WEATHER CONDITIONS <input style="width: 80%;" type="text"/>	18. LIGHT CONDITIONS <input style="width: 80%;" type="text"/>	19. # DAYS SINCE LAST DEPLOYMENT/TDY <input style="width: 40%;" type="text"/>	20. # DAYS DEPLOYED/TDY IN LAST 365 DAYS <input style="width: 80%;" type="text"/>	
21. LOCATION OF MISHAP SITE (bldg. #, room, street name, intersection, parking lot, home, work, etc.) <input style="width: 95%; height: 40px;" type="text"/>				
22. DESCRIPTION OF MISHAP (who, what, when, where, and why; indicate the cause (s); if more space is needed use separate sheet (s) of paper) <input style="width: 95%; height: 80px;" type="text"/>				
23. WITNESSES <input style="width: 80%; height: 20px;" type="text" value="Choose an Item"/>	24. WITNESS NAME(S) <input style="width: 95%; height: 25px;" type="text"/>			
25. DISPOSITION OF INDIVIDUAL (check all that apply to include the number of days) <input type="checkbox"/> No Medical Treatment needed or sought <input type="checkbox"/> Returned to restricted duty <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Admitted to Hospital <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Treated and released back to regular duty hours <input type="checkbox"/> Placed on quarters <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Place on con leave for <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> First/Self aid only			26. TYPE OF INJURY/INJURIES (i.e., bruise, fracture, cut, sprain, etc.) <input style="width: 95%; height: 80px;" type="text"/>	
			27. BODY PART(S) INJURED (i.e., lower back, head, right knee, etc.) <input style="width: 95%; height: 80px;" type="text"/>	

28. TOX TESTING <input type="text"/>	29. TREATMENT (also, indicate whether medications were prescribed) <input type="text"/>
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PROPERTY DAMAGE

30. PROPERTY DESCRIPTION (includes serial #/part number) <input type="text"/>	31. VEHICLE DESCRIPTION <input type="text"/>	
	YEAR <input type="text"/>	MAKE <input type="text"/>
	MODEL <input type="text"/>	REGISTRATION # <input type="text"/>
	32. SPECIFICATIONS <input type="text"/>	33. SELECT TYPE/DATE OF TRAINING <input type="text"/>

34. PROPERTY & VEHICLE DAMAGE DESCRIPTION

35. COST OF REPAIR & MATERIALS COST <input type="text"/>	36. SEATBELT USED <input type="text"/>	37. PPE USED <input type="text"/>	38. SPEEDING <input type="text"/>	39. ALCOHOL INVOLVED <input type="text"/>	40. ENTERED IN MUSTT <input type="text"/>
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41. MAJCOM unique items

SUPERVISOR, UNIT SAFETY REPRESENTATIVE, COMMANDER AND SAFETY OFFICE REVIEW AND SIGNATURE

SUPERVISOR'S NAME, GRADE/RANK <input type="text"/>	DUTY PHONE <input type="text"/>	SIGNATURE <input type="text" value="Click to sign"/>
UNIT SAFETY REPRESENTATIVE'S NAME, GRADE/RANK <input type="text"/>	DUTY PHONE <input type="text"/>	SIGNATURE <input type="text" value="Click to sign"/>
COMMANDER'S NAME, GRADE/RANK <input type="text"/>	DUTY PHONE <input type="text"/>	SIGNATURE <input type="text" value="Click to sign"/>

COMMENTS

FOR SAFETY OFFICE USE ONLY

REPORTABLE <input type="text"/>	AFSAS-NUMBER <input type="text"/>	MISHAP CLASS <input type="text"/>	DATE MISHAP REPORTED TO SAFETY <input type="text"/>
NON-REPORTABILITY REFERENCE <input type="text"/>			SIGNATURE <input type="text" value="Click to sign"/>