NOAA Form 57-17-137
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U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

REPORT OF WORK RELATED ILLNESS, INJURY OR INCIDENT

Event Category Illness Injury Incident Near Miss

Date of Event Time of Event (24 hr)

SECTION I: TO BE COMPLETED BY THE PERSON WITH THE ILLNESS, INJURY OR CLOSEST INVOLVEMENT TO THE EVENT.

Last Name, First Name and Middle Initial

Gender Male Female

Department Position

Unit Location Time on Job (months)

Exact Location At sea In port

First and Last Name of Supervisor

Nature of Illness **or** Nature of Injury

Source

Body Part Injured Injury Classification

Description

SECTION II: TO BE COMPLETED BY THE EVENT INVESTIGATOR, EITHER THE COMMANDING OR EXECUTIVE OFFICER.

Investigator Name Investigator Title

Injury Status

Was this event a direct result of performing assigned duties? Yes No

Root Cause

Corrective Action

Date Reported Reported by

Employee Signature / Date Investigator Signature / Date

SECTION III: TO BE COMPLETED AND RESUBMITTED ON THE DATE THE EMPLOYEE RESUMES WORK OR REGULAR DUTY.

Was a Department of Labor form CA-1 submitted? Yes No

Lost time start date Restricted Duty start date

Date returned to work Date returned to regular duty

SUPERSEDES V\ Form