

U.S. ARMY CORPS OF ENGINEERS, PACIFIC OCEAN DIVISION IMMEDIATE REPORT OF MISHAP For use of this form, see EM 385-1-1; the proponent agency is CEPOD-SO.		1. SAFETY AND OCCUPATIONAL HEALTH OFFICE (SOHO) USE ONLY a. DATE RECORDED (YYYYMMDD) _____ b. TIME RECORDED (0001-2400 hours) _____	
2. TO CORPS OF ENGINEERS (COE) OFFICE:		3. FROM:	
4. NAME OF PERSON REPORTING MISHAP (Last, First MI)		5. TELEPHONE NUMBER	
6. MISHAP INFORMATION (Select (X) all that apply) <input type="checkbox"/> a. INJURY. <input type="checkbox"/> b. ILLNESS. <input type="checkbox"/> c. FATALITY. <input type="checkbox"/> d. INITIAL REPORT. <input type="checkbox"/> e. FOLLOW UP REPORT. <input type="checkbox"/> f. FINAL REPORT. <input type="checkbox"/> g. CONTRACTOR. <input type="checkbox"/> h. GOVERNMENT. <input type="checkbox"/> i. PUBLIC. <input type="checkbox"/> j. PROPERTY DAMAGE. <input type="checkbox"/> k. NEAR MISS. <input type="checkbox"/> l. OTHER (explain)			
*A FOLLOW UP REPORT IS DUE WITHIN 24 HOURS OF ANY CHANGES OR ADDITIONAL INFORMATION RELATED TO THE ACCIDENT (e.g., workers duty status).			
7. CONTRACTOR / SUBCONTRACTOR		8. CONTRACT NUMBER	
9. LOCATION OF MISHAP (be specific, include project name and number).	10. MISHAP DATE (YYYYMMDD)	11. MISHAP TIME (0001-2400 hours)	
12a. NAME OF PERSON INVOLVED OR INJURED (Last, First MI)	b. AGE	c. OCCUPATION	
13. WHAT WAS THE ACTIVITY BEFORE THE MISHAP OCCURRED? DESCRIBE THE ACTIVITY, AS WELL AS THE TOOLS, EQUIPMENT, OR MATERIALS THE EMPLOYEE WERE USING (e.g., excavating with a backhoe, electrical equipment installation, demolition of facility, erecting structural steel).			
14. WHAT HAPPENED? TELL HOW THE MISHAP, ILLNESS OR PROPERTY DAMAGE OCCURRED (e.g., struck by, contacted by, cut by, strained by, fell from same or different level, stung by).			
15. WHAT WAS THE INJURY, ILLNESS OR PROPERTY DAMAGE (e.g., contusion, bruise, muscle strain, fracture, respiratory, allergic reaction, skin disease, poisoning, collapsed crane boom, engine fire, damaged utilities)?			
16. IS THE INJURY, ILLNESS, OR PROPERTY DAMAGE RECORDABLE AS DEFINED IN OSHA 29 CFR PART 1904 OR ER 385-1-99? IF YES, AN ENG FORM 3394 MUST BE SUBMITTED WITHIN 10 DAYS. NOTE: AN INJURY OR ILLNESS IS RECORDABLE IF IT RESULTS IN DEATH, DAYS AWAY FROM WORK, TRANSFER TO ANOTHER JOB, RESTRICTED WORK, MEDICAL TREATMENT BEYOND FIRST AID, LOSS OF CONSCIOUSNESS OR OTHER SIGNIFICANT ILLNESS. PROPERTY DAMAGE OF \$5,000.00 OR MORE IS RECORDABLE. <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. WHAT MEDICAL TREATMENT WAS REQUIRED FOR THE INJURY OR ILLNESS (e.g., first aid, sutures, prescription medication, x-rays, cast)?			
18. IF MEDICAL TREATMENT WAS GIVEN AWAY FROM THE WORK SITE, WHERE WAS IT GIVEN?			
19. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	20. ESTIMATED DAYS AWAY FROM WORK	21. ESTIMATED JOB TRANSFER OR RESTRICTED DAYS	22. ESTIMATED DAYS HOSPITALIZED
23. DID MISHAP RESULT IN PROPERTY DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	24. IF YES, ESTIMATED PROPERTY DAMAGE (if property damage is \$5,000 or greater ENG Form 3394 must be completed and submitted).		
25. **MISHAP BOARD OF INVESTIGATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	26. IF YES, WAS IMMEDIATE NOTIFICATION TO THE DESIGNATED AUTHORITIES MADE? DISTRICT SAFETY OFFICER AND COMMANDER MUST BE NOTIFIED OF ALL SERIOUS CASES. <input type="checkbox"/> YES <input type="checkbox"/> NO		
**A BOARD OF INVESTIGATION IS REQUIRED IF THE MISHAP RESULTS IN: 1. A FATALITY 2. THREE OR MORE PEOPLE ADMITTED TO THE HOSPITAL 3. PERMANENT TOTAL OR PARTIAL DISABILITY OR 4. PROPERTY DAMAGE OF \$500,000 AND GREATER.		27. NAME (Last, First MI) AND TITLE OF INDIVIDUAL WHO WILL INVESTIGATE THE MISHAP	
29a. NAME (Last, First MI) AND TITLE OF PERSON REPORTING	b. TELEPHONE NUMBER	c. DATE (YYYYMMDD)	d. PERSON REPORTING SIGNATURE