

U.S. ARMY CORPS OF ENGINEERS, GREAT LAKES AND OHIO RIVER DIVISION IMMEDIATE MISHAP NOTIFICATION (IMN) REPORT For use of this form, see AR 190-45, AR 25-55, AR 380-5, DA Pamphlet 385-40, ER 385-1-99 and CELRD Mishap Reporting Process; the proponent agency is CELRD-SO.	1. REPORT DATE (YYYYMMDD) 2. TIME (0001-2400 hours)
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§ DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: 5 USC 552a, the Privacy Act applies to Immediate Mishap Notification (IMN) Reports per AR 340-21.
PRINCIPAL PURPOSE(s): Reports submitted are Safety reports, they will be assigned proper security classification per AR 380-5.
PRINCIPAL USE(s): Reports or any information from them will only be released according to AR 25-55 and AR 190-45.
MANDATORY DISCLOSURE AND EFFECT ON PROVIDING INFORMATION: Dissemination and use of IMN will be restricted to persons who need the reports to perform their official duties.

NOTE: SUBMISSION OF AN IMMEDIATE MISHAP NOTIFICATION (IMN) REPORT WILL NOT BE DELAYED DUE TO INCOMPLETE INFORMATION. ALL PERTINENT INFORMATION KNOWN AT THE TIME OF THE IMN SUBMISSION WILL BE INCLUDED. ADDITIONAL REQUIRED INFORMATION WILL BE PROVIDED IN A SUBSEQUENT ADD-ON REPORT OR COMMANDERS CRITICAL INFORMATION REQUIREMENTS (CCIR) REPORT AS APPLICABLE.
IMMEDIATE: DIRECT CONTACT FOLLOWING SUFFICIENT DEVELOPMENT OF INFORMATION TO ESTABLISH THE IMN. DIRECT CONTACT INCLUDES TELEPHONE CONTACT OR E-MAIL WITH ACKNOWLEDGEMENT.

SECTION I - REPORTED BY

1. NAME (Last, First MI) AND TITLE	2. OFFICE SYMBOL	3. TELEPHONE NUMBER
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SECTION II - MISHAP CLASSIFICATION (Select - X and complete applicable information)

1. GOVERNMENT EMPLOYEE TYPE. <input type="checkbox"/> a. CIVILIAN. <input type="checkbox"/> b. MILITARY.		
2. NON-GOVERNMENT TYPE. <input type="checkbox"/> a. PUBLIC. <input type="checkbox"/> b. CONTRACTOR.	(1) PRIMARY	(2) SUB-CONTRACTOR
3. MISHAP TYPE (Select - X all that apply). <input type="checkbox"/> a. INJURY / ILLNESS. <input type="checkbox"/> b. FATALITY. <input type="checkbox"/> c. FIRE INVOLVED. <input type="checkbox"/> d. OTHER PROPERTY DAMAGE.		
<input type="checkbox"/> e. MOTOR VEHICLE INVOLVED. <input type="checkbox"/> f. DIVING. <input type="checkbox"/> g. EXPOSURE TO (specify): _____		
<input type="checkbox"/> h. OTHER (specify): _____		

SECTION III - GENERAL MISHAP INFORMATION

1. INDIVIDUAL INVOLVED (Last, First MI) AND TITLE		2. OFFICE SYMBOL		3. TELEPHONE NUMBER	
4. JOB SERIES (Occupation)	5. PAY GRADE	6. AGE	7. MISHAP DATE (YYYYMMDD)	8. TIME (0001-2400 hours)	
9. LOCATION OF MISHAP (Include Country, State, City, or Territory in which Person, Installation Facility, or Recreation area involved)(Latitude / Longitude if available)					
10. EQUIPMENT INVOLVED	11. LICENSE PLATE NUMBER (enter state as well if not U.S. Government)			12. ESTIMATED DAMAGE COST \$	
13. INJURY DESCRIPTION			14. LOST WORKDAYS	15. RESTRICTED DAYS	

16. DESCRIPTION OF MISHAP (Attach a separate sheet if additional space is required. Include who, what, where, how, and why it happened. List injuries and extent of damage. Include weight of any objects handled).

17. MISHAP CIRCUMSTANCES (Select - X and complete applicable blocks). a. MISHAP INVOLVED ALCOHOL AND / OR DRUGS.

b. PERSONAL PROTECTIVE EQUIPMENT / APPROPRIATE MACHINE GUARDS NOT PROVIDED OR USED.

c. SAFETY INDOCTRINATION / TRAINING NOT PROVIDED OR INJURED DISREGARDED INSTRUCTIONS.

d. EMPLOYEE WAS GIVEN A MOTOR VEHICLE CITATION. e. INJURED DID NOT IMMEDIATELY REPORT MISHAP TO SUPERVISOR.

f. EMPLOYEE WENT TO DOCTOR. (if checked, completion of CA-1 is required).

18. SUPERVISOR DID (where appropriate)(Select - X all that apply). a. ACCOMPANY EMPLOYEE TO DOCTOR.
 b. DISCUSS AVAILABILITY OF LIGHT DUTY WITH DOCTOR. c. FOLLOW-UP ON INJURY HEALING PROCESS.

SECTION IV - SAFETY OFFICE USE ONLY

1. RECORDABLE MISHAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	2a. PRELIMINARY MISHAP CLASSIFICATION	b. SPECIFY IF APPLICABLE
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3. WAS CORPS OF ENGINEERS SAFETY OFFICE (CESO) HQ USACE NOTIFIED? YES NO

4. PRELIMINARY ACCIDENT NOTIFICATION (PAN) SUBMITTED? YES NO

5. NOTES (a. File: K:/Accidents and Mishap Statistics)

6a. ACTION OFFICER (Last, First MI)	b. DATE (YYYYMMDD)	c. ACTION OFFICER'S SIGNATURE (form locks upon CAC signing)
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SECTION V - REQUIRED DISTRIBUTION

DISTRIBUTION	E-MAIL OR TELEPHONE NUMBER
1. CHAIN OF COMMAND.	
2. DISTRICT CHAIN OF COMMAND PER DISTRICT LEVEL MISHAP REPORTING PROCESS.	
3. SAFETY AND OCCUPATIONAL HEALTH OFFICE CELRD-SO.	
4. HUMAN RESOURCES CELRD-HR.	