



I. General Information - (Continued):

Corrective Action(s) (3k)		
Reported by: Last, First M.I. (3l)	Title of Reporting Supervisor (3m)	Report Date (3n) MO DAY YEAR

II. Causal Analysis and Review -1st Review by CO/OIC or XO/XPO; 2nd Review by higher authority; Final Review by MLC:

(7b/ 8a/ 9c)			Causal Factors Numerically rank all applicable		(7c/ 8b/ 9d/)			Command Recommendations Numerically rank up to 3 recommendations in descending order of importance.
1st Rvw	2nd Rvw	MLC Rvw			1st Rvw	2nd Rvw	MLC Rvw	
			FATIGUE	p e r s o n n e l  E r r o r  M g m E /r S o r p v  M F a a t e l u r i r e a l  E n c v o i n r d o i n t m i e o n n t s a l	QUALS: Increase qualifications of those involved through added training or requiring more experience.  TIME: Determine optimum time an individual can be expected to perform effectively under these circumstances.  VERIFY: Improve procedures by establishing checklists and ensure independent verification of completion of certain tasks.  EQUIPMENT: Redesign a particular instrument, machine, or equipment to better suit the user or predicted use.  SYSTEM: (Re) design overall system in which mishap occurred to ensure user limitations are taken into account.  WARNING: Establish better means of detecting critical problems and informing personnel.  STANDARD: Establish new standards for design, quality, performance, procedures, and/or operations.  REVIEW: Further inquiry to assess scale of CG-wide problem.			
			HEALTH					
			DRUGS					
			ALCOHOL					
			INATTENTION					
			STRESS					
			MOTIVATION					
			WORKLOAD					
			KNOWLEDGE					
			JUDGEMENT					
			COMMAND					
			COMMUNICATION					
			TRAINING					
			PROCEDURES					
			SUPERVISION					
			RESOURCES					
			DESIGN					
			MANUFACTURE					
			OPERATION					
			MAINTENANCE					
			TEMPERATURE					
			VISIBILITY					
			NOISE					
			SURFACE					
			ATMOSPHERE					
			WIND					
			WAVE					
			SHIP MOTION					
			CURRENT					
			CONGESTION					
			ATON/CHART					
Lessons Learned (7a)								
First Review by: Last, First M.I. (7e)								
Title of First Reviewing Official (7f)				Review Date (7g) MO DAY YEAR				
Second Review by: Last, First M.I. (8c)								
Title of Second Reviewing Official (8d)				Review Date (8e) MO DAY YEAR				
MLC Resource (9b) Administrator		MLC	HQ Primary	HQ Secondary				
(MLC Complete)								
Type of Mishap (9e)								
Phase of Operation (9f)								
NUMBER OF PROPERTY DAMAGE SECTIONS (SECTION III) COMPLETED IN CONJUNCTION WITH THIS MISHAP:		NUMBER OF PERSONNEL DATA SECTIONS (SECTION IV) COMPLETED IN CONJUNCTION WITH THIS MISHAP:		MISHAP CLASS (7d/9g)				

III. Involved Property Data - Reporting Unit Complete for Each Involved Property Item; Use Additional Sheets if Required:

Item # \_\_\_ of \_\_\_

Involved Government Property (General) (4a)		
Involved Government Property (Specified) (4b)		
Damaged Non-Government Property (4c)		
Cost to Government (4d) \$ _____	Cost of Non-Government Property (4e) \$ _____	Operational Days Lost (4f) _____
Government Parts - (MLC Complete) (9h)		

IV. Involved Personnel Data - Reporting Unit Complete for Each Person; Use Additional Sheets if Required:

Person # \_\_\_ of \_\_\_

Person's Name: Last, First M.I. (5a)			Social Security Number (5b)			
Age (5c)	Sex (5d)	Pay Grade (5e)	Status (5g)			
Rate (5f) Note - For officer drawing flight pay enter "A".			<input type="checkbox"/> NAFA	<input type="checkbox"/> ON DUTY/CG	<input type="checkbox"/> OFF	<input type="checkbox"/> AUXILIARY
			<input type="checkbox"/> VISITOR	<input type="checkbox"/> ON DUTY/CIV	<input type="checkbox"/> OFF	<input type="checkbox"/> CONTRACTOR
			<input type="checkbox"/> ON DUTY/DOD	<input type="checkbox"/> OFF DUTY/DOD	<input type="checkbox"/> DEPENDENT	
Crew Location (5h)						
Job Description (5i)						
Total Whole Years Experience in Job (5j) (Round to nearest whole yr, < 6 mos. = 0)			PPE Protection (e.g. "HEAD/COVERALL/HARNES/PFD") (5k)			
INJURY AND ILLNESS DATA (6a)  If none → then leave blank →	Nature of PRIMARY Injury/Illness (6a1)			Part of Body (6a2)		
	Nature of SECONDARY Injury/Illness			Part of Body		
	Nature of TERTIARY Injury/Illness			Part of Body		
Hazardous Exposure (6b1)			Chemical Contaminant (6b2)			
Severity or Extent of Injury or Illness (6c)			Permanent Disability (6d)			
<input type="checkbox"/> FATAL	<input type="checkbox"/> LOST WORK	<input type="checkbox"/> NO LOST WORK	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> TOTAL (Class A)	<input type="checkbox"/> PARTIAL (Class B)	<input type="checkbox"/> NONE
Hospitalization (6e) (No. Days Inpatient)	Days Off Work (6f)	Days of Restricted Work (6g)	Workers Compensation Filed ? Y/N/U (6h)			
Name and Address of Health Care Provider (6i)						