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SUPERVISORY MISHAP REPORT

See Privacy Act Statement and Instructions on Page 4

SHIRS Case # _____

OSHA Log # (To be completed by Safety and Health Office) _____

1. MISHAP DATE (mm/dd/yyyy):	2. TIME MISHAP OCCURRED (24 Hour):	3. DATE MISHAP REPORTED TO SUPERVISOR	4. ORGANIZATION CODE:

☐ **Injury** ☐ **Illness** ☐ **Damaged Equipment or Property** ☐ **Damaged Motor Vehicle**

5. MISHAP CASE CLASSIFICATION (Check appropriate classification)

☐ Same Day Clinic Visit or No Treatment ☐ Medical Expenses Only ☐ Lost Time (enter number of days) _____

☐ Two or More Clinic Visits on Non-duty Time ☐ Clinic Visit(s) at Work After Injury/Illness Date ☐ Fatality (Date of Death _____)

6a. PRIMARY LOCATION OF THE MISHAP:	6b SECONDARY LOCATION OF THE MISHAP:	7. On TDY (Yes or No)?

8. LAST NAME:	9. FIRST NAME:	10. INITIAL:	11. SEX:	12. EMPLOYEE SSN/FNN:

13. JOB TITLE:	14. HOME ADDRESS OF EMPLOYEE:	15. CITY:	16. STATE:	17. COUNTRY:	18. ZIP CODE:

19. TIME EMPLOYEE BEGAN WORK:

20. EMPLOYEE WAS WORKING OVERTIME:

☐ No ☐ Yes, for _____ hours

21. PERSONNEL TYPE:

☐ Civilian Employee ☐ Foreign National - Indirect Hire ☐ Foreign National - Direct Hire

☐ Supervised Contractor ☐ Non-Appropriated Fund ☐ Military (Rank) _____

☐ Non-Supervised Contractor ☐ Other: _____

22. WHAT WAS THE SINGLE MOST SEVERE INJURY/ILLNESS TO THIS EMPLOYEE:

☐ Amputation ☐ Cuts/Tears/Laceration

☐ Bruises ☐ Dislocation

☐ Burn, Chemical ☐ Fracture

☐ Burn, Thermal ☐ Puncture

☐ Concussion ☐ Sprain/Strain

☐ Other: _____ ☐ Exposure

23. WHAT PART OF THE BODY RECEIVED THE MOST SEVERE INJURY:

☐ Head	☐ Back	☐ Leg
☐ Eye(s)	☐ Shoulder(s)	☐ Knee
☐ Neck	☐ Arm	☐ Ankle
☐ Chest	☐ Wrist	☐ Foot/Toe
☐ Abdomin	☐ Hand/Finger	☐ Internal

☐ Other: _____ Part of Body ☐ Right ☐ Left

24. NAME OF PHYSICIAN/HEALTH CARE PROFESSIONAL PROVIDING TREATMENT:	25. NAME OF COMPANY PROVIDING MEDICAL TREATMENT:

26. ADDRESS OF MEDICAL PROVIDER:	27. CITY:	28. STATE:	29. COUNTRY:	30. ZIP CODE:

31. Was employee treated in an Emergency Room (Yes or No)?	32. Was employee hospitalized overnight as an in-patient (Yes or No)?

33. Did this mishap result in the employee being placed on restrictive duty (Yes or No)?	If Yes, for how many days?	34. Did this mishap result in the employee being transferred to another position(Yes or No)?	If Yes, for how many days?

35. Date employee stopped work or first became aware of illness (mm/dd/yyyy):

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36. WHAT WAS EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED:

37. MISHAP DESCRIPTION: Describe what happened, how and why. If the accident was not reported to the first line supervisor on the same day that it happened, explain why. If any motorized material handling equipment was involved, identify the type of equipment involved and explain how it was involved.

38. ESTIMATED COST OF DAMAGES:	39. IF CONTRACTOR CAUSED MISHAP, PROVIDE CONTRACTOR'S COMPANY NAME AND ADDRESS:

INFORMATION ABOUT VEHICLE(S) AND EQUIPMENT THAT WERE INVOLVED IN THE ACCIDENT

40. Year	41. Make	42. Model	43. State & License #	44. Vehicle Identification/Serial Number	45. Licensed Driver?	46. Were Seatbelts Used?
#1					☐ Yes ☐ No	☐ Yes ☐ No
#2					☐ Yes ☐ No	☐ Yes ☐ No

47. DOES EMPLOYEE UNDERSTAND PROPER OPERATION OF EQUIPMENT (Yes or No)?

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SUPERVISORY REVIEW

47. CORRECTIVE ACTIONS - Describe what actions have been taken to prevent similar accidents happening to other employees. If the hazard has not yet been corrected, describe what interim actions have been taken to prevent further injuries to employees and the estimated date the hazard(s) will be corrected. Was this accident reported to you or your designated representative on the same day that it happened? If no, why not?

48. SUPERVISOR'S PRINTED NAME AND SIGNATURE:	49. ORGANIZATION:	50. TELEPHONE (COM & DSN):	51. DATE (mm/dd/yyyy):

SAFETY AND HEALTH REVIEW

52 SAFETY AND HEALTH OFFICE/MONITOR'S COMMENTS:

53. SAFETY AND HEALTH OFFICIAL/MONITOR'S PRINTED NAME AND SIGNATURE:	54. ORGANIZATION:	55. TELEPHONE (COM & DSN):	56. DATE (mm/dd/yyyy):

MANAGEMENT REVIEW

57. MANAGEMENT COMMENTS:

58. REVIEWER'S PRINTED NAME AND SIGNATURE:	59. ORGANIZATION:	60. TELEPHONE (COM & DSN):	61. DATE (mm/dd/yyyy):

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SUPERVISORY MISHAP REPORT

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SHIRS Case # _____

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PRIVACY ACT STATEMENT

Purpose: Information is collected to comply with regulatory reporting requirements. Details about the accident site will be used to identify and correct known or potential hazards and to formulate improved accident prevention programs. The data, with all personal identifiers removed, may be used to prepare statistical reports.

Authority: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 29 U.S.C. 651 et seq., The Occupational Safety and Health Act of 1970 (OSHA); E.O. 12196, Occupational Safety and Health Programs for Federal Employees; 29 CFR 1960, Subpart I, Record keeping and Reporting Requirements for Federal Occupational Safety and Health Programs; DoD Instruction 6055.1, DoD Safety and Occupational Health (SOH) Program; and E.O. 9397 (SSN).

Routine Uses: Data may be provided to the Department of Labor to comply with the requirement to report Federal civilian employee on-the-job accidents (29 CFR part 1960). Data may also be provided under any of the DoD "Blanket Routine Uses" published at http://www.dod.mil/privacy/notices/blanket-uses.html .

Disclosure: Voluntary; however, failure to provide the requested data may result in our inability to comply with reporting requirements or to identify and correct workplace hazards.

Rules of Use: Rules for collecting, using, retaining, and safeguarding this information are contained in DLA Privacy Act Systems Notice S600.30, entitled "Safety, Health, Injury, and Accident Records" available at http://www.dod.mil/privacy/notices/dla .

INSTRUCTIONAL NOTES

Block 5 - If the classification of the mishap changes after the report submission it is the supervisor/manager's responsibility to notify the DLA Safety and Health Manager to which the report is submitted, e.g. Same Day Clinic Visit or No Treatment to Lost Time, etc.

Block 12 - FNN is Foreign National Number. This is the local national employee number provided to foreign national employees.

Blocks 16 & 28 - AF Europe is defined as Armed Forces Europe and AP Pacific is the Armed Forces Pacific.

Block 21 - There are several personnel types (i.e. civilian, military, foreign national -- direct hire and indirect hire, contractor -- supervised and non-supervised, and non appropriated fund). DLA Form 1591 is used to track mishaps in all categories listed whether a supervised contractor or a non-supervised contractor; or whether a direct hire foreign national or indirect hire. For clarification, OSHA Compliance Directive CPL 2-0.131, Frequently Asked Questions #31-1 defines "supervised" as "Day-to-day supervision occurs when in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished."

Block 22 - Describe the extent of injury/illness in Block 37.

Block 33 - Restrictive duty means that the employee was unable to perform all the tasks that they normally do at least once a week.

ADDITIONAL NOTES