

MISHAP REPORT/INVESTIGATION		Reference Number (To be filled in by the Safety Office):	
MISHAP TYPE (CHECK BLOCK) (NOTE:) IN THE EVENT OF A CRANE INCIDENT/ACCIDENT, REFER TO THE FRC EAST INSTRUCTION (FRCEASTINST) 11450 SERIES FOR CONTACT INFORMATION AND IMMEDIATE ACTION REQUIRED.			
<input type="checkbox"/> INJURY		<input type="checkbox"/> ILLNESS	
<input type="checkbox"/> PROPERTY DAMAGE		<input type="checkbox"/> NEAR MISS	
NAME OF INJURED EMPLOYEE (LAST, FIRST, MIDDLE INITIAL):		RESOURCE SHOP:	DATE OF REPORT:
GEOGRAPHIC SHOP:			
DATE OF MISHAP:	TIME OF MISHAP:	BODY PART AFFECTED:	TYPE OF INJURY (SPRAIN, CUT, BRUISE) :
APPLICATION AREA WHERE MISHAP OCCURED:		SAFE SITE WHERE MISHAP OCCURED:	INTEGRATED PRODUCT TEAM WHERE MISHAP OCCURRED:
JOB TITLE:	SPECIFIC LOCATION WHERE MISHAP OCCURED:		BUILDING NUMBER:
EQUIPMENT INVOLVED/DAMAGED (INCLUDE PLANT ACCOUNT #, MODEL # AND SERIAL #):			
CHAIN OF EVENTS LEADING UP TO, THROUGH AND SUBSEQUENT TO THE MISHAP. (Provide specifics of Who, What, When, Where and How):			
SUPERVISOR'S RECOMMENDED CORRECTIVE ACTION:			
PROPER PROCEDURES FOLLOWED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?			
WHAT PROCEDURES NOT FOLLOWED:			
PROPER PPE WORN YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?			
MISHAP REPORTED BY END OF SHIFT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, WHY?			
WITNESS NAMES & PHONE NUMBER'S:			
SUPERVISOR :		SHOP:	PHONE:
ELECTRONIC COPY TO COMPETENCY LEAD, AA CHAMPION, AA SAFE SITE LEADS, IPT LEADS, SAFETY SPEC, SAFETY TECH. (7.10.1)			