

INJURY REPORT

Section I - Injury Description

(To be completed by supervisor and provided to the Occupational Health Clinic or health care provider at time of injury.)

1. Name (Last, First, Middle)		2. Grade	3. Social Security Number	4. Date of birth		
5. Job title or Military Occupational Specialty	6. Date of injury				7. Supervisor's name	8. Duty telephone
	Day	Month	Year	Hour		
9. Unit/Organization:			10. Exact Location injury occurred:			
11. Brief synopsis of injury						
12. Forms completed:						
12a. Government civilian		12b. Active duty		12c. Contract/Volunteer/Student/Patient		
CA-1	CA-2	CA-16	CA-17	DA Form 285	DA Form 285-AB-R	DA Form 4106

Section II - Injury Evaluation

(To be completed by the Occupational Health Clinic or health care provider.)

13. Nature and extent of injury or occupational illness					
14. Disposition (select one) <input type="checkbox"/> Return to normal duty <input type="checkbox"/> Return to light duty <input type="checkbox"/> Quarters <input type="checkbox"/> Civilian or military hospital <input type="checkbox"/> Private doctor <input type="checkbox"/> Other:					
15. Estimated days absent beyond date on which injury occurred		16a. Health care provider's signature			16b. Date

Section III - Supervisor's Accident Analysis

(Select all that apply.)

17a. Environmental factors <input type="checkbox"/> Weather <input type="checkbox"/> Inadequate safeguards, safety equipment <input type="checkbox"/> Improper or defective equipment <input type="checkbox"/> Facility - lighting, noise, etc. <input type="checkbox"/> Housekeeping <input type="checkbox"/> Unsafe methods, processes, procedures	17b. Personal factors <input type="checkbox"/> Physical condition of employee (vision, age, weight, fatigue) <input type="checkbox"/> Inappropriate personal protective equipment used <input type="checkbox"/> Lack of skills or training <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Emotional (anger, fear, resentment, negative attitude) <input type="checkbox"/> Unsafe act (inattention to detail)
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Section IV - Supervisor's Record of Corrective Action Taken

18. Corrective action taken. (Appropriate actions are supervision, training, administrative action, human factor engineering, repair or maintenance. Using these criteria, state the specific actions taken to prevent recurrence.)

19a. Supervisor's signature					19b. Date
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DATA required by the Privacy Act of 1974 (5 U.S.C. 552a)

Authority: Title 29 Code of Federal Regulations, Part 1960.66 and Executive Order 12196. *Prescribing Directive:* MEDDAC/DCC/VS (Fort Meade) Regulation 385-1. *Principal Purpose:* Record occupationally-related injuries and illnesses for accident classification and prevention purposes. *Routine Uses:* Used by safety personnel to record occupational injury and illness experience and maintain accurate statistics. The social security number (SSN) is used to identify the individual to prevent possible duplication of accident reporting. *Disclosure:* Voluntary. If information is not provided, it can be retrieved from other sources.

Section V - Safety Office Disposition

20. Safety Office disposition <input type="checkbox"/> Army recordable (DA Form 285 or DA Form 285-AB-R) <input type="checkbox"/> Non-recordable (minor/first aid type of injury) <input type="checkbox"/> OSHA recordable (CA-1 or CA-2)					
21a. Safety Manager's signature					21b. Date