COMMANDER, FLEET ACTIVITIES, SASEBO
NOTICE OF MISHAP

☐ INITIAL REPORT ☐ FOLLOW UP REPORT

Department	Division		
Name (Last, First, MI)	Sex	Grade	
SSN/Employee No.	Job Title	DOB	Age
Occupation When Injured	Mishap Date: Time:	Location of Mishap	
Years of Experience	Work Related Y☐ / N☐	Treatment (Hospital) Name and Phone Number	

Description:

PPE Used ☐ Yes ☐ No ☐ N/A		Unsafe Working Condition ☐ Yes ☐ No		
No Lost Time ☐	First Aid Case ☐	Lost Time Case ☐ day(s)	Restricted/Light Duty Days Y☐ / N☐ day(s)	Est. Date Return to full duty:

Witness (Please Print)	Supervisor's Name and Phone Number

Supervisor's Comment and Action Taken to Prevent Future Recurrence

Safety Representative Date	Division Head Date	Department Head Date

Signature of Safety Manager Date	Signature of COR Date

Commanding Officer's Comments (If applicable)

NAVY EMPLOYEE REPORT
OF UNSAFE OR UNHEALTHFUL WORKING CONDITION

THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE AND IS NOT TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED

1. THE UNDERSIGNED (check one) ( ) EMPLOYEE ( ) REPRESENTATIVE OF EMPLOYEES

   BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

   a. Navy installation/activity and mailing address

   b. Building or work site where alleged violation is located, including address

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? ( ) NO ( ) YES

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD

5. IF KNOWN, LIST BY NUMBER AND/OR NAME, THE PARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY WHICH YOU CLAIM HAS BEEN VIOLATED

6. TO YOUR KNOWLEDGE, HAS THIS VIOLATION BEEN THE SUBJECT OF ANY UNION/MANAGEMENT GRIEVANCE OR HAVE YOU (OR ANYONE YOU KNOW) OTHERWISE CALLED IT TO THE ATTENTION OF, OR DISCUSSED WITH, THE GOVERNMENT SUPERVISOR

   ( ) NO ( ) YES (List results, including any efforts by management to correct violation)

7. EMPLOYEE TYPED OR PRINTED NAME	8. EMPLOYEE SIGNATURE
9. EMPLOYEE ADDRESS	9. EMPLOYEE PHONE NUMBER
10. MAY YOUR NAME BE REVEALED? ( ) NO ( ) YES	11. ARE YOU A REPRESENTATIVE OF EMPLOYEES? ( ) NO ( ) YES (List organization name)

11. DATE FILED:

OPNAV 5100/11 (Rev. 11.92)