

IIRTS Mishap Supervisor Worksheet

Section 1 – Injured Person Information (*NOTE: This section will be completed automatically, once the Injured Person has been identified in ESAMS*)

Required Fields*

Injured Person: Last Name, First, Middle*			
Command/UIC of Injured Person*			
Department/Code*		Installation*	
SSN (full)*		Phone/Ext (Format 9991112345) *	
Service/Status*		Grade (civilian)/Rank military)*	
Rate/Job Title*		Sex*	Birth Date*
Supervisor*		HR Job Title*	

Section 2 – Supervisor’s Report of Mishap

Installation where mishap occurred*		Did mishap occur on base? (Yes/No)*	
Incident Date/Time (If this is an illness, input date reported)*	Date*		Time*
Dispensary Location (or identify other treatment location)*		Was off-site medical treatment authorized? (Yes/No)	
On/Off Duty*		Time began work (on Duty Only)*	Shift working when injured*
Experience with task (yrs/mos/days)*		Drug or Alcohol used by injured person? (Yes/No/NA/Unknown)*	
Did Injury/Illness occur during: (what was individual doing?)*			

Narrative: (Who, what, when where and how) *NOTE: Do NOT include personal identifiers, such as names.**

Comments: Provide any additional information or recommendation to prevent recurrence, that may help the Safety Office investigating the mishap.

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*Location of Mishap – precisely state location where mishap occurred:**

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*Activity at the time of injury: For example: bending, lifting, running, etc.**

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*Was PPE involved? If so what type e.g. gloves, safety glasses, etc.**

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*Were Chemicals Involved? If yes, list MSDS Number:**

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Chemical Comments/Notes:

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Personnel/Equipment (e.g., attitude, fatigue, equipment malfunction):

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Environmental Conditions (e.g. weather, ventilation, lighting):

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*Body Part Injured (specifically)**

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*Mishap Type (select from pick list in ESAMS)**

*Motor Vehicle Accident Type: (ONLY if applicable)**

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*Vehicle Type (If Motor Vehicle Accident)**

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*Corrective Action taken to prevent reoccurrence (do not leave blank):**

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Section 3 - Medical Officer's Report (Completed by medical representative following initial submission of Supervisor's Report)

Section 4 – OSH Officer’s Determination of Mishap – If the mishap is a civilian or military on-duty occupational injury or illness or is a military off-duty injury, then select **A-G** to indicate that an investigation will be conducted by the Safety Office. Once you select “**A-G**”, additional fields will be added to the record for the safety investigator to complete the form. (An investigation is required for all Class A, B and C mishaps per OPNAVINST.) (These include first aid cases, recreational off-duty, no lost time, etc.)

Injury/Illness Resulted In: (Case Type) from pick list	
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Command assigned this mishap. Typically this is the person’s command, but in some instances the mishap may belong to another command, i.e., if a person is TAD.

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Comments: (any additional information that may be pertinent)

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