

INCIDENT REPORTING REQUIREMENTS

General reporting requirements are contained in OPNAVINST 3100.6G. Other reports have been required by other instructions, the MILPERSMAN, and various naval messages. We have compiled this reporting matrix for your quick reference, but caution the list is not all-inclusive and new reporting requirements will likely arise.

ATTACHMENTS:

COMNAVSURFPAC SAN DIEGO 312020ZMAR00 (reminder to include COMNAVSURFPAC as addressee on OPREP/SITREPS)

REPORTING REQUIREMENTS MATRIX

CAPT Sally McCabe
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EVENT	ACTION REQUIRED								
	MSG REQ	INVEST REQ'D	CALL ISIC	CALL SJAG	REPORT REQ'D	SEND TO ISIC	SEND TO CNSP	SEND TO CPF	REF
RAPE/SEX ASSAULT (RASA)	Initial rpt w/in 10 days	Yes NCIS	Yes	Rec	Monthly updates & qtrly reports	Yes	Yes	Yes	B, G, H, J, K, L
EO-FORMAL COMPLAINT SEX HAR & DISCRM COMPLAINTS	OPREP 3 w/in 10 days if unresolved	Yes, before msg rpt	Yes	Yes	SITREP 20 days after receipt. SITREP updates every 14 days until resolved. DASH qtrly. ECH II.	Yes	Yes	Yes	A, C, R, AA
RACIAL INCIDENT	Major-OPREP Minor-SITREP								
SEX HAR INFORMAL COMPLAINTS	No	Yes	Yes	No	No	No	No	No	A, C, D
DOMESTIC VIOLENCE	Spouse abuse Child abuse (non sexual) SITREP Child sex abuse-OPREP 3 w/in 5 days	Yes NCIS child sexual abuse & FAP all cases	Yes	Rec	Spouse - verbal FAR, CO w/in 24 hours Child - FAR, CO, Law enforcement Child sex abuse - SITREP w/in 24 hours of initial rpt	Yes	Yes	Yes	G, I, M, N, U
ALCOHOL INCIDENT	Violent Crime (VCR), if appl	Not necessarily	Deps on incident	Deps on incident	DAAR (initial w/in 30 days)	Yes	DAAR to N162, and ADMIT		E, F, G, H, I
HAZING	OPREP	Yes, before msg rpt	Yes	Yes	SITREP updates	Yes	Yes	Yes	P

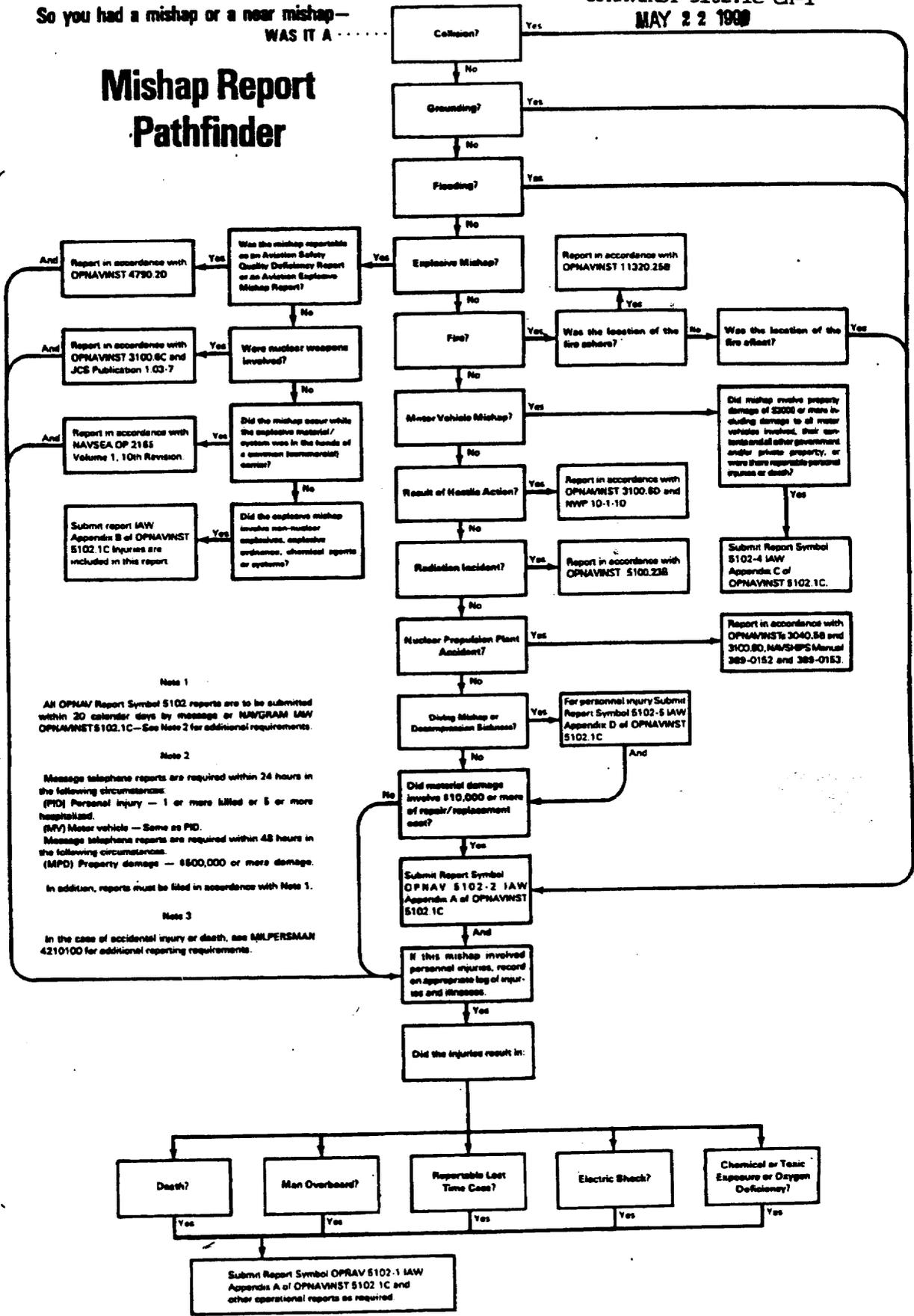
EVENT	ACTION REQUIRED								
	MSG REQ	INVEST REQ'D	CALL ISIC	CALL SJAG	REPORT REQ'D	SEND TO ISIC	SEND TO CNSP	SEND TO CPF	REF
FRATERNIZATION	No unless directed	Yes, prelim	Yes	Yes	No	Yes	As directed	Yes	D
VWAP	If appl	Maybe	No	No	Annual	Yes	Yes	Yes	G, J, K
VIOLENT CRIME REPORT (VCR)	Yes	Usually	Yes	Rec	Sitrep updates	Yes	Yes	Yes	G, U
DETACH FOR CAUSE (OFFICER ONLY)	Yes to PERS 82	No	Yes	Rec	Ltr to Pers 82	Yes	As directed by Force Regs	Yes	S
OFFICER MISCONDUCT	Yes to PERS82	Yes	Yes	Rec	CM - charges & specs to PERS 82, NJP ltr rpt	Yes	As directed by Force Regs	Yes	S
ADMRLTY INCIDENT	OPREP or SITREP or Voice Rpt. INFO JAG 31	Yes ltr rpt	Yes	Yes	JAGMAN in some cases	Yes	Yes	Yes	Q, U
WHALE STRIKE	OPREP/SITREP info CNO 45.	Yes	Yes	Rec	Admiralty	Yes	Yes	Yes	V, W, U
OIL /HAZMAT	Yes	Yes	Yes	Rec	Phoncon to Nat'l Resp ctr	Yes	Yes	Yes.	T, X, Y, U, Z

References:

- | | |
|----------------------------------|--|
| A. SECNAVINST 5300.26C (SEX HAR) | N. SECNAVINST 1754.1 (FSC) |
| B. SECNAVINST 1752.4 (RASA) | O. NAVMEDCOMINST 6310.3 (RASA) |
| C. OPNAVINST 5354.1D (EO) | P. SECNAVINST 1610.2 (HAZING) |
| D. OPNAVINST 5370.2B (FRAT) | Q. JAGMAN PG 12-6 (ADMIRALTY) |
| E. OPNAVINST 5350.4C (ALCOHOL) | R. JAGMAN, CH 3 (Arts 138, 1150) |
| F. SECNAVINST 5300.28C (ALCOHOL) | S. MILPERSMAN 1611-011 & 020 |
| G. PACADMIN 009/00 (VCR) | T. OPNAVINST 5090.1B (OIL/HAZMAT) |
| H. NAVADMIN 061/95 (RASA) | U. OPNAVINST 3100.6G (REPORTING REQ) |
| I. PACADMIN 019/95 (RASA) | V. CNO 051354Z Mar 96 (WHALE STRIKE) |
| J. OPNAVINST 1752.1A (RASA) | W. CPF/CLF 181315Z Nov 96 (WHALE STRIKE) |
| K. OPNAVINST 5800.7 (VWAP) | X. OPNAVINST 5100.19 C (NAVOSH) |
| L. SECNAVINST 5800.11A (VWAP) | Y. OPNAVINST 5100.23E (NAVOSH) |
| M. OPNAVINST 1752.2A (FAP) | Z. OPNAVINST 4110.2 (HAZMAT) |
| | AA. NAVADMIN 176/99 (EO & SEX HAR) |

So you had a mishap or a near mishap—
WAS IT A

Mishap Report Pathfinder



Was the mishap reportable as an Aviation Safety Quality Deficiency Report or an Aviation Explosive Mishap Report?

Were nuclear weapons involved?

Did the mishap occur while the explosive material/system was in the hands of a civilian (commercial) carrier?

Did the explosive mishap involve non-nuclear explosives, explosive ordnance, chemical agents or systems?

Note 1
All OPNAV Report Symbol 5102 reports are to be submitted within 20 calendar days by message or NAVGRAM IAW OPNAVINST 5102.1C—See Note 2 for additional requirements.

Note 2
Message telephone reports are required within 24 hours in the following circumstances:
(PDI) Personal injury — 1 or more killed or 5 or more hospitalized.
(M/V) Motor vehicle — Same as PID.
Message telephone reports are required within 48 hours in the following circumstances:
(MPD) Property damage — \$500,000 or more damage.
In addition, reports must be filed in accordance with Note 1.

Note 3
In the case of accidental injury or death, see MILPERSMAN 4210100 for additional reporting requirements.

Was the location of the fire ashore?

Was the location of the fire effect?

Did mishap involve property damage of \$2000 or more including damage to of motor vehicles involved, their contents and/or other government and/or private property, or were there reportable personal injuries or death?

Submit Report Symbol 5102-4 IAW Appendix C of OPNAVINST 5102.1C.

Report in accordance with OPNAVINSTs 3040.5B and 3100.6D, NAVSHIPS Manual 389-0152 and 389-0153

Submit Report Symbol OPNAV 5102-1 IAW Appendix A of OPNAVINST 5102.1C and other operational reports as required

APPENDIX A
SAMPLE MESSAGE/NAVGRAM
PID/MPD MISHAP REPORT (REPORT SYMBOL OPNAV 5102-1 (PID)
OR OPNAV 5102-2 (MPD))

1. General

The format and content shown below is to be used for reporting personnel injuries/deaths and material (property) damage mishaps as described in Chapters 3 and 4. Submit as much of the information as is available. Submit supplementary reports as necessary to supply the missing information when available.

WHERE REQUESTED DATA DOES NOT APPLY OR IS NOT RELEVANT TO ANALYSIS OF THE MISHAP INSERT THE WORDS "NOT APPLICABLE."

2. Content and Format

(Precedence - normally ROUTINE. See paragraphs 302b(3) and 402c(3) when higher precedence is required.)

FROM: REPORTING ACTIVITY
TO: NAVSAFECEN NORFOLK VA//02/14/20/30/40/50/70/80/054// (R)
INFO: AS DESIRED *COMNAVSTA SAN DIEGO CA//* // *COMNAVBEG SW* // // *COMNAVSTA BNE//*
UNCLAS //N05102// FOUO (Normally UNCLAS unless classified information must be included.)

SUBJ: PID REPORT - (REPORT SYMBOL OPNAV 5102-1) and/or MPD REPORT (REPORT SYMBOL OPNAV 5102-2)

MSGID/GENADMIN/MSG ORIG/SER NO./MONTH// (R)

REFS: (If follow-up message, refer to prior message.) (R)
FORMAT IN ACCORDANCE WITH GENADMIN PROCEDURES.

NARR/THIS IS A (LIMITED/GENERAL) USE SAFETY MISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5102.1C.// (R)

RMKS/ALPHA: (R)

1. UIC OF INJURED PERSON'S COMMAND OR REPORTING ACTIVITY IF MPD (R)

2. TYPE OF MISHAP (Flooding, fire, injury/death, equipment casualty, etc.)

3. LOCAL TIME AND DATE OF MISHAP

4. GEOGRAPHIC LOCATION (If classified, give general area (afloat units only))
5. LOCATION WHERE MISHAP OCCURRED (If at duty station, give work center or description, e.g., torpedo room, main deck frame, base/station facility. If other, so indicate, e.g., at home, ball field, etc. Indicate if MWR facility.)
- R) 6. EVOLUTION/JOB BEING PERFORMED AT TIME OF MISHAP (TYT, refit, ISE, Maintenance, UNREP, material handling production, leave/liberty, etc.) If at training command insert course identification number (CIN) only - do not provide evolution in those cases.
7. SHIP'S STATUS (Underway, anchored, submerged, dry-docked, etc. For mishaps ashore insert "not applicable".)
8. POINT OF CONTACT AND TELEPHONE NUMBER IF AVAILABLE

BRAVO:

1. EQUIPMENT DAMAGED OR DESTROYED BY THE MISHAP (Include EIC, TEC, or NSN if applicable; describe damage.)
2. ESTIMATED COST TO REPAIR OR REPLACE DOD PROPERTY (Provide a total cost including man-hours at \$16 per hour plus cost of material and equipment.)
3. ESTIMATED COST OF NON-DOD PROPERTY DAMAGE
4. NUMBER OF REPORTING ACTIVITY OPERATING DAYS LOST

CHARLIE: REPORTABLE INJURIES

1. NAME/SSN/AGE/SEX (If more than one person involved, information in this section must be explicit as to which individual is being described. Repeat items 1 through 8 for each individual.)
2. RANK/DESIGNATOR/RATE/GRADE, JOB AND EMPLOYMENT STATUS (For employment status specify USN, USNR, Navy Federal Civilian, Navy Non-Appropriated Fund Civilian, Navy Foreign National Civilian, etc.)
3. DUTY STATUS (On- or off-duty.)

- R) 4. SPECIFIC JOB OR ACTIVITY INDIVIDUAL ENGAGED IN AT TIME OF MISHAP (PMS, PFT, training, watchstanding, football, woodworking, material handling, etc.)

5. NUMBER OF MONTHS EXPERIENCE AT THE JOB OR ACTIVITY (The experience the person possessed for the activity engaged in. If boating or swimming mishap, indicate swimmer qualification and applicable training courses, i.e., Safe Boating).

6. MEDICAL DIAGNOSIS (Include parts of body and type of injury. For occupational illnesses specify the type as outlined in the note below.)

7. FATALITY OR EXTENT OF INJURIES OR OCCUPATIONAL ILLNESSES (Specify fatality, missing, permanent total disability, permanent partial disability, or no disability likely).

8. ESTIMATE OF LOST TIME

A. TOTAL LOST TIME (IN DAYS) AWAY FROM JOB

B. DAYS ACTUALLY HOSPITALIZED

DELTA:

1. GENERAL CAUSE(S) OF MISHAP (Personnel error, supervisory error, material failure, environmental extremes, inadequate procedure/precaution.) (R)

2. IMMEDIATE OR DIRECT CAUSE(S) OF MISHAP (Using defective/incorrect tools; working without safety guard; repairing equipment while energized; horseplay; assuming unsafe posture; violating safe sport practices; equipment malfunctions; uneven, slippery walking/recreation surfaces; warnings not posted; inadequate illumination; rough water; hazardous atmosphere; unsafe act; unsafe condition; other. Cite safety standard or regulation violated as appropriate. If material or equipment failure, cite NSN or EIC.)

3. IF PERSONNEL ERROR, STATE CONTRIBUTING CAUSE(S) (Distraction/inattention, inadequate supervision, fatigue, haste, improper attitude/motivation, inexperience, lack of skill, inadequate physical conditioning, anger, alcohol/drugs. If alcohol/drugs involved indicate blood alcohol/drug content when available.) (R)

4. IF UNSAFE CONDITION, STATE CONTRIBUTING CAUSE(S) (Poor housekeeping, insufficient maintenance, defective design, overloaded boat, other-specify.)

5. PERSONAL PROTECTIVE EQUIPMENT/CLOTHING (Specify whether required, available, used, adequate, effective, misused, improper type, failed or not a factor.) (R)

OPNAVINST 5102.1C CH-1
22 May 90

ECHO: NARRATIVE

- A) 1. CHAIN OF EVENTS LEADING UP TO, THROUGH AND SUBSEQUENT TO MISHAP (Elaborate with remarks so that the who, where, and how of the mishap are known. Be specific as to locations within the activity either afloat or ashore. If fire, give class (A, B, C, D), source, and how extinguished (water, fog, CO2 PKP, AFFF, Halon, protein foam, other specify). If flooding, give source and how dewatered (installed eductor system, portable eductor, submersible pump, P-250, other-specify). If collision, give estimate of damage and identification of other ship or structure. If chemical or toxic exposure, attempt to identify the chemical or material involved. If heavy weather, give latitude/longitude. Elaborate with remarks on any item.)
2. CORRECTIVE ACTION/LESSON LEARNED OR RECOMMENDATIONS
End of message.//

CHAPTER 14

MISHAP INVESTIGATION, REPORTING, AND RECORDKEEPING

1401. Discussion

a. Mishaps that result in damage to Navy facilities and equipment or occupational injuries, illnesses or deaths to Navy personnel degrade operational readiness and increase operational costs. Investigation of such mishaps to identify causes and preventive actions, as well as establishing accurate recordkeeping, are essential to the success of the Navy Occupational Safety and Health (NAVOSH) Program. Mishap investigations aimed at determining how and why the event occurred are necessary to prevent future occurrence of similar events. Accurate records are necessary to establish trends, conduct analyses, and to assess the effectiveness of the overall NAVOSH Program. Certain records are necessary to comply with Department of Labor (DOL) Federal agency recordkeeping and reporting requirements. Certain records for foreign national employees may also be necessary to meet host country standards. These records should be part of the mishap recordkeeping program.

b. This chapter includes procedures that apply to Navy mishap investigation, reporting and recordkeeping requirements for shore on-duty Navy personnel and Navy shore operational mishaps per reference 14-1. This chapter does not apply to the investigation or reporting of mishaps involving recreation, athletic and home safety; military off-duty; motor vehicles; and explosives. Mishap investigations and reporting in these areas will follow the procedures outlined in reference 14-2. Reference 14-3 includes procedures for investigating and reporting diving mishaps. Reference 14-4 provides procedures for investigating and reporting aircraft mishaps. The following areas are within the scope of this chapter:

(1) On-duty shore occupational injuries, occupational illnesses and occupational fatalities to:

(a) Navy military personnel (includes personnel attached to service craft and small boats that have a shore unit identification code (UIC))

(b) Navy and non-deployed Military Sealift Command (COMSC) civilian employees when resulting from the course of their employment. Reference 14-3 covers deployed COMSC civilians

(c) Other Department of Defense (DoD) and non-DoD component personnel assigned to the Navy.

(2) Accidental damage to government material (property) or equipment throughout the Navy and COMSC unless paragraphs 1408e(1-6) provide exemptions

(3) Navy operational mishaps

(4) Identification of hazardous conditions that may cause death, damage, injury or occupational illness as listed above.

1402. Types of Mishap Investigations

A complete comprehensive mishap investigation is an essential tool in identifying the causes of a mishap and thereby preventing recurrence. The reports required by this chapter are separate and independent of investigations required by the Manual of the Judge Advocate General (JAG). JAG investigations are used to determine accountability and culpability. The sole purpose of the safety investigation is mishap

prevention, not the determination of accountability.

a. General Use Shore Safety Investigation Reports. Reporting activities shall use these reports for all safety mishaps required by this chapter. Although the primary purpose of these reports is mishap prevention, COMNAVSAFECEN may release them under Occupational Safety and Health Administration regulations or in response to Freedom of Information Act (FOIA) requests. Advise individuals providing information in connection with a general use shore safety investigation report (SIR) of the purpose and use of such information. Sample general use Advice to Witness statements are included in appendix 14-A.

b. Judge Advocate General (JAG) Manual Investigations. Conduct Judge Advocate General (JAG) investigations, including claims investigations, as required by the JAG Manual. The safety investigator(s) and the JAG Manual investigator(s) shall not be the same person(s). Nothing in this chapter prevents JAG Manual investigator(s) from access to the same non-privileged factual material or witnesses available to the safety investigator(s). Conduct the JAG Manual investigation independently and separately from the safety investigations mentioned above. Reports of these investigations shall not be made a part of JAG investigations.

c. Headquarters Command Investigations. The cognizant headquarters command shall initiate a mishap investigation when a Class A mishap or a mishap involving the inpatient hospitalization of three or more people occurs as the result of an operational mishap. If a fatality related to the mishap occurs within 6 months of the date of the mishap, headquarters shall determine on a case-by-case basis whether a headquarters investigation is required. In addition, CNO, COMNAVSAFECEN or the

cognizant headquarters command may require a headquarters command investigation of other mishaps as appropriate. Refer to paragraph 1408b.

d. Criminal and Security Investigations. The Naval Criminal Investigative Service (NCIS) shall investigate any death occurring on a Navy installation, per SECNAVINST 5520.3B, except when the cause of death is medically attributable to disease or natural causes. When notified, NCIS will investigate the circumstances until criminal causality can reasonably be excluded. The investigations noted above must not compromise nor otherwise impede the NCIS investigation.

1403. Mishap Investigation Requirements

a. Shore activities shall conduct a safety investigation of every mishap, major or minor, and handle the investigation as a search for facts. The severity or significance of the mishap determines the extent of the investigation. The activity shall establish guidelines delineating roles and responsibilities for reporting and investigating all classes of mishaps. Military or civilian occupational safety and health (OSH) professionals trained per Section 1405 shall conduct mishap investigations of Class A and B mishaps. The OSH office shall ensure proper investigation of all mishaps and review all investigation reports. Management personnel may assist in mishap investigations; however, activities shall not use information they obtain through the safety investigation for administrative or disciplinary action. The investigator shall complete a written report with firm, factual findings and recommendations for specific corrective action to be taken to prevent recurrence.

b. Activities shall report all mishaps meeting the reportable criteria in section 1408 directly to COMNAVSAFECEN using

the appropriate format and shall place the notation, "GENERAL USE SHORE SAFETY INVESTIGATION REPORT" at the beginning of the report.

1404. Requirements to Ensure Reporting of All Mishaps

At all levels, the immediate supervisor has the greatest influence on mishap reporting. Activities shall take the following action to ensure that they report all mishaps:

a. Indoctrinate all subordinates, especially new arrivals, to report all mishaps no matter how small, as well as the "near misses" where only chance prevented a mishap. Ensure personnel fully appreciate that activities cannot correct hazardous conditions unless personnel conscientiously report them. For operational activities and forces afloat, references 14-3 and 14-5 contain internal reporting procedures.

b. Ensure supervisors report all mishaps to the activity OSH office immediately so the OSH office can initiate the appropriate action for the investigation.

1405. Mishap Investigation Training

Personnel who conduct Class A, B and C mishap investigations shall complete formal training in mishap investigation procedures and techniques. OSH professionals responsible for investigating activity level mishaps or Class A and B mishaps shall attend the Naval Occupational Safety and Health and Environmental Training Center (NAVOSHENVTRACEN) course, Mishap Investigation and Prevention (Ashore), course A-493-0078, or an equivalent course (as determined by the supervisor). Individual Development Plans (IDPs) for OSH professionals shall include provisions for providing this training, as necessary. OSH professionals with formal mishap investigation training may provide formal

classroom training to others in the activity (e.g. supervisors) who may perform Class C and D mishap investigations.

1406. Collection/Dissemination of Mishap Information for SIRs

a. The Concept of Privilege. Military and Federal courts recognize information given under promises of confidentiality and the findings, conclusions and recommendations of mishap investigations and endorsers are protected under Executive Privilege. Although witnesses' names may be released, witness statements and the deliberative analyses of the mishap investigation are privileged. Any information that would not have been discovered but for the promise of confidentiality is likewise privileged. Promises of confidentiality may be given by members of the Mishap Investigation Board. Members must judge whether confidentiality is necessary to ensure that witness' full cooperation. Confidentiality must explicitly be given. When granted, the protected witness must sign an "Advice to Witness" (Promise of Confidentiality)" form provided in appendix 14-A. When the witness' signature is impracticable, draft a Mishap Investigation Memorandum to File. Maintain all witness statement related documents and records with other mishap documents. Mishap Investigation Board members have long granted blanket promises of confidentiality to strengthen the interview process to learn mishap causes. Follow the restrictions on the use and release of unprotected testimony per this instruction. Any information directly calculated by the Mishap Investigation Board, or developed at the specific request of the Investigation Board, is privileged when disclosing that information would reveal the mishap investigation's deliberative process. Individual promises of confidentiality guarantee the information provided by witnesses will be used only for safety purposes.

(1) Privileged Information shall not be used:

(a) In any determination affecting the interest of an individual making a statement under assurances of confidentiality or involved in a mishap

(b) As evidence or to get evidence in determining the misconduct or line-of-duty status

(c) As evidence to determine the susceptibility of personnel to discipline

(d) As evidence in claims on behalf of the government

(e) As evidence to determine the liability of the government for property damage caused by a mishap

(f) As evidence before administrative bodies, such as Officer Evaluation Boards (USN) or Field Performance Boards (USMC)

(g) As evidence before, or as any part of, a Judge Advocate General (JAG) Manual Investigation Report

(h) In any other punitive or administrative action taken by the Department of the Navy

(i) In any investigation or report other than the Mishap Investigation Report

(j) As evidence in any court.

(2) The Purpose of Designating Information as Privileged. The purpose is to explain what designated information becomes privileged, understand privilege concepts and to conform with standardized Navy mishap investigation reporting processes with or without privileged information. Headquarters Command Safety Investiga-

tion Reports will normally not contain privileged information. However, the mishap investigation process must:

(a) Overcome an individual's reluctance to reveal complete and candid information pertinent to the circumstances surrounding a mishap.

(b) Encourage mishap investigations and endorsers of SIRs to provide complete, open and forthright information, opinions and recommendations about a mishap.

b. Rationale. This is necessary because witnesses believe certain uses of the information could be detrimental to themselves, others involved in the mishap, or their command. They may also elect to withhold information by exercising their constitutional right to avoid self-incrimination. Activities must assure individuals that they may confide in safety investigators for the mutual benefit of fellow service members without incurring personal jeopardy within the Department of the Navy in the process. Witnesses are not sworn. Requiring them to do so is prohibited. Mishap investigators shall advise witnesses, in writing, why they are providing their statement and of the limitations placed on its release. Witnesses need not limit their statements to matters to which they could testify in court. Encourage witnesses to express opinions and speculate on possible causes of the mishap.

c. Witness Statements/Identities. Mishap investigation personnel shall not provide witness statements to any other activity except as authorized in this chapter. They shall advise individuals providing information in connection with a mishap investigation of the purpose and use of such information and provide the Safety Investigation Report Advice to Witness statement in appendix 14-A. Shore activities shall protect witness identities to the maximum

extent permissible under exemption (b)(6) of the Freedom of Information Act (FOIA).

d. Photographs. Photographs of human injuries or remains may be exempt from disclosure under exemption b(6) of the FOIA.

e. Investigations. Mishap investigators shall thoroughly understand the distinction between safety mishap investigations and other investigations. Only in cases of a joint DoD investigation (for example, a U.S. Army and U.S. Navy mishap), that COMNAVSAFECEN or higher authority authorizes, shall any exchange of information and opinion outside Navy mishap investigation personnel occur. In such cases, cooperation between investigators may include division of labor, joint review of evidence, exchange of witness statements, and joint deliberations. In all cases, safety mishap investigations shall be independent and separate from all other investigations.

f. Investigators. Commanding officers shall not assign mishap investigation personnel to any other investigation of the same mishap such as a JAG Manual investigation, an Officer Evaluation Board (USN) or a Field Performance Board (USMC). Members of any Mishap Investigation Board shall not, nor may they be requested to, divulge their own opinion or any information which they arrived at, or to which they became privy, in their capacity as a member of a Mishap Investigation Board.

g. Independence of Mishap Investigation Reports. Do not append mishap investigation reports or extracts to, or include in, JAG Manual Investigation Reports or any other type of investigations. Likewise, to prevent any inference of association with disciplinary action, do not append reports of JAG Manual Investigation Reports or any other type of investigation report to any mishap investigation report.

h. Administrative Safeguards.

(1) Mishap investigators shall handle mishap investigation reports as General Use Safety Investigation Reports and shall include the following narrative at the beginning of the report:

"NARR/FOR OFFICIAL USE ONLY.
THIS IS A GENERAL USE
SAFETY INVESTIGATION
REPORT TO BE USED FOR
SAFETY PURPOSES AS
DEFINED IN OPNAVINST
5100.23E."

(2) Mishap investigators and endorsers shall not send SIRs and SIR endorsements to non-naval activities. Only the CNO, Commandant of the Marine Corps (CMC), or COMNAVSAFECEN shall send SIRs or endorsements to non-naval activities.

(3) Endorsers of an SIR can forward the SIR to commands outside the original recipients only if it requires further endorsement or corrective action.

(4) Special Handling. The term "special handling" means that the Navy restricts circulation of SIRs and SIR endorsements to limit their use to the furtherance of safety. Recipients shall apply common sense to determine exactly what handling actions are appropriate. Uncontrolled distribution of SIRs (such as placement in reading racks, message boards or on bulletin boards) is inappropriate. Routing SIRs in file folders, which ensures only those who need to know their content for safety purposes, would be appropriate. Closely control addresses on Collective Address Designator (CAD) and Address Indicating Groups (AIG) messages. Include only commands or agencies routinely involved in the endorsing chain for mishaps.

(5) For Official Use Only. The Navy designates all reports required by this chapter For Official Use Only (FOUO). Refer to Department of Defense Freedom of Information Act (FOIA) Program of Sep 98 (DoD 5400.7-R) for instructions on handling material designated FOUO.

i. Dissemination of Essential Safety Information. When appropriate, COMNAVSAFECEN will share safety information gleaned from SIRs received under this chapter. COMNAVSAFECEN will extract essential safety information from the SIR and disseminate only that information to a particular media (e.g., lessons learned, Ashore article, safety advisory message, newsletter, correspondence concerning recommended corrective action, etc.). Expunge ("scrub" or "sanitize") from the SIRs all identifying data which could reveal the identify of any person, organization or event, then show the essential safety information which remains. When appropriate, COMNAVSAFECEN will readdress the SIR. The distribution of lessons learned depends on the subject. Activities may use general information to disseminate lessons learned.

j. Release of Information. Release of mishap information from SIRs shall be per this section unless otherwise authorized by CNO. Only COMNAVSAFECEN can release copies of SIRs submitted per this chapter. A violation of these provisions by military personnel is punishable under the Uniform Code of Military Justice (UCMJ) and forms the basis for disciplinary action against civilian employees.

(1) Release Based on the Freedom of Information Act (FOIA). Forward requests for information that either expresses or implies that they are based on the FOIA to COMNAVSAFECEN, Attention: Code 03.

(2) Release by an Individual Having Knowledge of SIRs. It is forbidden for anyone with knowledge of the contents of an SIR to release that information, except as this chapter permits. If an individual having knowledge of SIR contents receives a request for information, he/she shall forward the request to his/her commanding officer, who shall refer the requester to COMNAVSAFECEN, Attention: Code 03.

(3) Release to U.S. Navy, U.S. Marine Corps and other Department of the Navy (DON) Activities. Commands shall forward requests for SIR information from Navy, Marine Corps, and other DON activities to COMNAVSAFECEN, Attention: Code 03.

(4) Release to Other U.S. Military Services. The Navy limits the exchange of safety program information between U.S. military services to their respective safety centers.

(5) Release to the News Media. DON Public Affairs Regulations (SECNAVINST 5720.44A) contain information on releasing mishap information to the media. The Navy shall, however, preserve the information in SIRs when dealing with the press, which is not releasable to the media.

(6) Release to Congress. Forward requests for information from Congress, Congressional committees or subcommittees, or staff members to CNO, CMC, or Commander, Military Sealift Command (COMSC), as appropriate.

(7) Release to Relatives of Persons Involved in Shore Mishaps. In discussing a mishap with relatives of people involved in the mishap, personnel shall make no inference to causal factors. Commands shall not show, discuss with or give copies of an SIR to the next of kin or

their agents or representatives without a proper FOIA request per paragraph 1406j(1).

(8) Subpoenas for Information. Commands shall refer any subpoenas for mishap information to the Office of the Judge Advocate General (Code 34), 200 Stovall Street, Alexandria, VA 22332-2400 with copy to COMNAVSAFECEN, Attn: Code 03.

(9) Release to Technical Representatives, Defense Contract Administration Services (DCAS) Representatives and Contractors. Commands shall forward requests for mishap information from technical representatives, manufacturers, DCAS representatives, and contractors or their agents to COMNAVSAFECEN via the appropriate headquarters command. The endorsement of the headquarters command shall certify whether the requester requires the requested information for safety purposes with respect to product design or improvement. Any response shall include a warning to ensure the recipient uses the information for safety purposes only. The recipient shall not disclose the information to any other individual or entity.

(10) Release to Other Foreign Nations. Commands shall forward requests for mishap information from foreign governments to COMNAVSAFECEN, Attention: Code 03.

(11) Release of Privacy Information. Handle the names of individuals not involved in the mishap and the Social Security Numbers of all individuals in the report as directed by the applicable sections of Secretary of the Navy's (SECNAV) Privacy Act Instruction (SECNAVINST 5211.5D). To protect the privacy rights of surviving family members, do not release photographs of human remains or the autopsy report.

(12) Unspecified Cases. Commands shall forward requests other than above to COMNAVSAFECEN, Attention: Code 03.

1407. Safety Report Review

a. COMNAVSAFECEN shall provide a repository for shore safety investigation reports. COMNAVSAFECEN shall review each mishap report to:

(1) Ensure adequacy of information for providing a reasonable representation of the mishap.

(2) Ensure personnel identify the causes of the mishap.

(3) Ensure that any local corrective action taken is appropriate.

(4) Consider the applicability of the included hazards to other commands for possible dissemination.

(5) Select those mishaps that are candidates for management review due to the severity of the mishap.

b. Management Review. COMNAVSAFECEN shall require the review of SIRs by appropriate levels of management where the severity or significance of the mishap warrants. Activities shall provide available information concerning the mishap and associated information from all sources to the appropriate manager for consideration and recommendation. The activity will provide recommended actions when appropriate.

c. Corrective Action Management. COMNAVSAFECEN will maintain current status information on significant recommendations for corrective action in safety and mishap prevention matters and initiate recommendations for corrective actions to competent authority.

1408. Mishap Reporting Procedures

a. General. As paragraph 1401a discusses, commands investigate mishaps to identify causes and preventive actions. The goal of mishap investigations is to determine how and why the event occurred to prevent future occurrence of similar events. In many cases, mishap investigations do not teach us anything new; they simply reinforce lessons learned many times before. The summary mishap reporting requirements of paragraph 1409 will capture data related to these mishaps so there is no need for individual mishap reporting. However, other cases do require individual mishap reports given the loss (or the potential for loss). Specifically, any case involving the following will require submission of a shore safety investigation report:

(1) Fatality

(2) Permanent Total Disability

(3) Hospitalization. Any occupational (on-duty) or operational mishap which results in the inpatient hospitalization of three or more personnel

(4) Weight Handling Equipment (WHE) Accident. Weight handling equipment (WHE) includes cranes and crane rigging gear. A WHE accident occurs when any one or more of the six elements (the crane; the operator; the riggers and crane walker; the rigging gear between the hook and the load; the load; and the crane's supporting structure) in the crane operating envelope fails to perform correctly during crane operation, including operation during maintenance or testing resulting in personnel injury or death, material or equipment damage, dropped load, derailment, two blocking, overload; or collision, including unplanned contact between the load, crane and/or other objects. A component failure is not considered an accident solely due to

material or equipment damage unless the component failure results in damage to other components. The activity shall report WHE accidents to the Navy Crane Center per reference 14-6. The Navy Crane Center will provide a quarterly summary of WHE mishaps to COMNAVSAFECEN. WHE accidents need not be directly reported to COMNAVSAFECEN unless they involve a fatality, permanent total disability, hospitalization or other cases described in paragraph 1408.

(5) Confined Space Mishap. Any mishap occurring in any confined space per chapter 27 of this manual or NAVSEA S6470-AA-SAF-010, Gas Free Engineering Program, where personnel fail to follow confined space program elements. This includes any fatality, injury or material (property) damage that results from a fire in a confined space.

(6) Laser Exposure Incident. Any incident meeting the definition in appendix 22-A of this instruction

(7) RF Exposure Incident. Any incident meeting the explanation in appendix 22-C of this instruction

(8) Lockout/Tagout Mishaps. Any mishap involving the repair or maintenance of equipment or energy distribution systems attributed to a failure to use or follow lockout/tagout procedures as chapter 24 of this instruction requires

(9) Near Misses. Any near miss involving an industrial work process where activities avoid a fatality or catastrophic loss merely by chance; i.e., if someone says, "Boy, we're lucky we didn't kill somebody." Activities should report other "near miss" incidents by informal correspondence or by SAFETYGRAM (OPNAV 5102/4) shown in appendix 14-B. They may use either of these methods to describe any situation

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having mishap potential or as a vehicle to make recommendations to improve safety or occupational health. To provide anonymity, personnel may submit SAFETYGRAMs directly to COMNAVSAFECEN without normal chain of command routing. COMNAVSAFECEN requires the name of the activity, but not the name of the person originating the correspondence.

(10) Contractor Mishaps. The activity to which the injured is assigned shall report when contractor operations cause a mishap that results in death, injury or occupational illness to military or on-duty DOD civilian personnel. Activities need not record or report mishaps involving contractor personnel caused solely by contractor operations under this instruction. Report accidents involving WHE (including cranes and crane rigging gear) to the Navy Crane Center per section 1 of reference 14-6. Contractor mishaps may be reportable under the requirements of Reference 14-7. Report, per this chapter, any mishap caused by contractor operations that result in reportable Navy material (property) damage. The Navy shore activity having custody of the property shall file the report.

(11) Special Situations. Report, per this chapter, any Navy operational mishap causing permanent total disability, permanent partial disability or death to any person not otherwise defined, on or off a Navy installation or aboard Navy service craft or small boats.

(12) Material (Property) Damage. Activities shall investigate and report any material (property) damage, including release of materials which are damaging to the environment, occurring ashore involving a repair, replacement, or cleanup cost of \$200,000 or more as a result of a mishap per this chapter. Malfunction or failure of component parts that are normally subject to wear and tear and have a fixed useful life less than the complete system or unit of

equipment are not reportable. However, if the malfunction or failure of a component results in damage of \$200,000 or more to another component or the entire system, then the subsequent damage is reportable. Cost of repair or replacement includes cost of labor. Examples of reportable mishaps are those involving the improper operation or maintenance of equipment, improper materials handling, equipment casualties from electrical faults and hazardous material spills. Damage to Navy service craft or small boats assigned to a shore activity is also reportable. When a mishap involves both injury or death and material (property) damage, activities shall submit one consolidated report per appendix 14-C (SIR).

NOTE:

For military personnel, activities shall report the above categories for on-duty mishaps only. For civilian personnel, the above categories are for occupationally related mishaps.

b. Investigation of Class A and Certain Class B Mishaps. If any Class A mishap or mishap involving the inpatient hospitalization of three or more people occurs, the cognizant headquarters command shall initiate an investigation consistent with this chapter, and shall initiate the investigation within 48 hours of notification of the mishap. The activity where the mishap occurred (or activity employing the Navy personnel involved if off station) shall report this type of mishap by telephone within 8 hours to COMNAVSAFECEN and the cognizant headquarters command. COMNAVSAFECEN shall make notification to SECNAV and CNO. To comply with OSHA notification requirements, the activity shall also notify the local OSHA office within 8 hours of the mishap when civilian personnel are involved. The requirement for this special investigation does not apply to mis-

haps exclusively involving contractor personnel. The headquarters command may terminate any headquarters command investigation if the fatality is determined a natural cause, foul play, homicide or suicide. For on-duty military physical readiness test/physical test (PRT/PT) fatalities, headquarters command need not perform an investigation. The activity to which a person is assigned shall conduct the investigation and complete required reports. For explosives, diving, motor vehicle, and off-duty mishaps, COMNAVSAFECEN shall determine the need for this type of investigation and the team composition on a case-by-case basis (refer to reference 14-2 or 14-3). The following additional requirements apply:

(1) The cognizant headquarters command shall establish an investigative board to examine the cause(s) of the mishap and recommend corrective action. It shall assign a board leader from its headquarters or any command or activity other than the activity at which the mishap occurred. The board leader shall be a senior line officer (O-5 and above) or OSH professional. An OSH professional shall be a board member. If a mishap occurs on a Navy vessel, a person with ship expertise shall be a team member. The remaining team composition should include appropriate technical experts. Technical specialists, including contractors providing assistance to mishap investigations, are not members of the team. The team shall not give them access to the team's deliberations and conclusions or mishap information not related to their area of expertise. The cognizant headquarters command is responsible for determining the need for and coordinating the assignment of a medical representative to the team. COMNAVSAFECEN will provide a representative to every headquarters safety investigative board. Activities shall ensure that all OSH members of the team have formal training in mishap investigation and

reporting procedures per paragraph 1405. The cognizant headquarters command shall arrange funding of the investigation.

(2) The mishap investigation board shall complete an SIR using the format of appendix 14-C. The team leader shall draft, release, and mail the SIR, attaching all supporting documentation, to COMNAVSAFECEN (Code 49) via the activity, its chain of command and any other activity addressed in the findings or recommendations. If a mishap involves an activity the findings or recommendations do not address, then team leaders shall include the activity and its chain of command as "Copy To" addressees of the report. If the mishap occurred on board a ship, board leaders shall include the ship as an endorser. The mishap investigation board leader shall forward the original SIR to the first endorser within 45 days of the board convening, and mail an advance copy of the SIR to COMNAVSAFECEN (Code 49) and CNO (N45), when mailing the original to the first endorser. If the 45-day period cannot be met, the board leader shall request an extension from COMNAVSAFECEN in writing.

(3) The chain of command shall endorse the SIR within 30 days of receipt. If the 30 days cannot be met, the endorsing activity must request an extension from COMNAVSAFECEN, Code 49. Endorsements shall be by letter and shall state whether the endorser agrees or disagrees with each conclusion and recommendation and the rationale for disagreement. Endorsers shall forward a copy of their endorsement to COMNAVSAFECEN (Code 49) and CNO (N45). Disagreement is not a reason for delay. COMNAV-SAFECEN will review the remarks of each endorser and request additional information when necessary.

(4) The activity shall maintain custody of all relevant board members' personal

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notes, original copies of all statements, photographs, negatives, and tape recordings (whether the SIR refers to them or not). The activity shall also maintain custody of physical evidence for 5 years, when practical. Endorsers and other authorized recipients shall retain a copy of the SIR and its endorsements for 2 years from the date of the mishap, at which time activities shall destroy them. COMNAVSAFECEN, as the custodian of mishap information and releasing authority, shall retain custody of the SIRs and their endorsements for 5 years at which time they may destroy them. Endorsers can review the factual evidence by requesting it from the custodian if needed to prepare their endorsement. Upon completion of the endorsement, endorsers shall return factual evidence to the custodian.

(5) COMNAVSAFECEN shall track SIR recommendations for compliance and provide status reports to CNO (N45) and the cognizant headquarters command.

(6) Except to the extent necessary to protect employees and public, the commander, commanding officer or officer in charge of the activity or location where the mishap occurred shall ensure that employees do not disturb or remove evidence from the mishap scene. Do not release the scene until authorized by the Headquarters' Mishap Investigation Board leader who will coordinate with other investigating bodies (e.g., OSHA, JAG).

(7) Headquarters' Mishap Investigation Boards shall compile a 72-hour pre-mishap profile of any dead or injured person who had influence on the occurrence or outcome of any fatal mishap. The profile shall include:

(a) Travel completed in the 72 hours immediately preceding the mishap

(b) Type of work performed and work schedule (hours) for the 72 hours immediately preceding the mishap

(c) Periods of rest and sleep for the 72 hours immediately preceding the mishap

(d) Medications prescribed

(e) Alcohol and other drugs (prescription, nonprescription, and illegal) taken during the 72 hours immediately preceding the mishap

(f) General physical condition, including illnesses

(g) Individual's mental, emotional, and physical state, including perceived stress and behavior changes, (based on comments or observations that the supervisor, next-of-kin, co-workers, and/or friends wish to make related to the individual's condition or pre-mishap activities)

(h) Other comments the supervisor, next-of-kin, co-workers, and/or friends wish to make related to the individual's condition or pre-mishap activities

(i) Other factors prior to the mishap that could have affected the mishap occurrence or its outcome

(j) Non-judicial punishment (NJP)/Uniform Code of Military Justice (UCMJ) record (military only) or any other behavior infractions for the past 3 years.

(8) For cases involving fatalities, the Headquarters Safety Investigation Board shall obtain a copy of the autopsy report if an autopsy was conducted. Since rules may vary locally, the board should contact the Decedent Affairs Division of the closest Naval Medical Treatment Facility for

assistance in obtaining the autopsy report from the local authority having jurisdiction.

c. Other DoD Component Personnel Assigned to the Navy. To avoid duplicate reporting of other DoD component personnel assigned to the Navy, the Navy organization of assignment shall report occupational injuries and illnesses rather than the parent DoD component command.

d. Navy Personnel Assigned to Other DOD Components. To avoid duplicate reporting of Navy military personnel regularly assigned to another DoD component, the organization of assignment shall report occupational injuries and illnesses rather than the parent Navy command.

e. Exceptions

(1) Material (Property) Damage. Activities need not report injuries/deaths nor damage as a result of vandalism, riots, civil disorders, or felonious acts, such as arson, sabotage or terrorist acts per this chapter.

(2) Acts of God. Activities need not report injuries/death nor material (property) damage as a result of acts of God under this chapter unless the activity did not adequately prepare for extreme weather conditions.

(3) Hostile Action. Activities shall report damage, injuries or death as a direct result of hostile enemy action per NWP-1-03-1 and reference 14-7.

(4) Nuclear Weapons. Activities shall report mishaps or incidents per reference 14-7 and JCS Publication 1-03.7 (NOTAL).

(5) Naval Nuclear Propulsion Plants. Activities shall report associated mishaps per OPNAVINST 3040.5B

(NOTAL), reference 14-7, and NAVSEA Manuals 389-0152 (NOTAL) and 389-0153 (NOTAL). (Mishaps associated with the secondary side of the propulsion plant or non-nuclear components are reportable under this instruction or reference 14-3 as appropriate).

(6) Other Exceptions. The following occurrences are not reportable under this chapter but are reportable as appropriate in the case of military personnel under MILPERSMAN 4210100 and in the case of on-duty civilian deaths under CMMI 790 (NOTAL):

(a) Adverse medical reactions resulting directly from the use of medications

(b) Injuries personnel sustain prior to employment or preexisting disorders unless current employment specifically aggravates them

(c) Poisoning caused by specific organisms or toxins and confirmed by competent medical authority as Class 1 infectious or parasitic diseases (contact the local preventive medicine office for determination)

(d) Hospitalization for observation or administrative reasons not related to the immediate injury

(e) Attempted or consummated suicide or intentionally self-inflicted injuries

(f) Injuries or death caused by attempted or consummated homicide or other criminal act

(g) Injuries that result from:

1. Preexisting musculo-skeletal disorders

2. Minimum stress and strain (simple, natural non-violent body positions or actions as in dressing, sleeping, coughing or sneezing). They are injuries unrelated to mishap-producing agents or environments normally separate from active participation in daily work or recreation.

(h) Death from natural causes that competent medical authority deems unrelated to the work environment

(i) Injuries or fatalities to persons in the act of escaping from or eluding military or civilian custody or arrest.

f. Reporting Procedures

(1) Responsibility. The Commanding Officer or Officer in Charge of shore activities, service craft and small boats shall require the investigation and reporting of all operational reportable injuries, fatalities, occupational illnesses or material (property) damage occurring within the command or involving personnel attached to the command. When a person is injured or killed at a location remote from his or her activity, the naval activity nearest the scene will notify the parent command. If a fatality occurs, the cognizant headquarters command of the activity where the person is employed shall initiate the investigation. For injuries, the two commands shall determine which one conducts the investigation. The final responsibility for submitting the report rests with the parent activity. Whichever command investigates the mishap, activities shall report it per this chapter.

(2) Submission of Reports

(a) General. Activities shall mark reports as unclassified and FOR OFFICIAL USE ONLY, unless the report includes classified information. See SECNAVINST 5720.42E for the proper marking of FOR OFFICIAL USE ONLY

documents. Activities shall include classified information only when essential to the determination of causal factors, or otherwise necessary to understand the circumstances of the mishap.

(b) Safety Investigation Reports (SIR)

1. Board leaders shall use the SIR report format of Appendix 14-C to report investigations required by paragraphs 1408a and 1408b. Since the same format is used for reporting personnel injury and material (property) damage, it may be necessary to omit some sections depending on the type of report activities submit. Activities shall mail SIRs for other than headquarters investigations to COMNAVSAFECEN, Code 41, within 30 calendar days of the mishap. If the mishap occurred on board a ship, the reporting activity shall forward a copy of the SIR to the ship. If the Commanding Officer of the ship finds errors in the report or wishes to comment on the report, he/she may send a message or letter to COMNAVSAFECEN, Code 41, with an information copy to the command submitting the report.

2. Reporting activities shall include their chain of command as information addressees on any Class B mishap report for which a headquarters command investigation is not conducted. Information addressees shall ensure that they use the information in the reports for mishap prevention efforts per Section 1402. Activities will handle requests for release of mishap information per 1406.

(3) Priority Reports

(a) Reporting activities shall make a priority report via telephone within 8 hours to COMNAVSAFECEN and the cognizant headquarters command when any of the following occurs:

1. Any Class A mishap, or any occupational or Navy operational mishap which is fatal to one or more Navy personnel up to 6 months after the date of occurrence

2. Any occupational or Navy operational mishap involving Navy or non-Navy personnel which results in the inpatient hospitalization of three or more personnel.

(b) As a minimum, reporting activities shall furnish the date and time of mishap; name and social security number of injured personnel; location of mishap; description of evolution or operation; extent of damage or injury; and description of the mishap. COMNAVSAFECEN telephone numbers are: Defense Switched Network (DSN) 564-3520 or Commercial (757) 444-3520.

(c) Due to the length of time it may take to complete the SIR, activities shall complete a priority message and forward it to CNO (N45), COMNAV-SAFECEN (Code 49) and the chain of command within 48 hours of the mishap. The priority message shall confirm information in the initial telephone notification and provide as much additional information as possible. Completion of the telephone notification does not relieve the activity of this responsibility. Activities shall use the format of Appendix 14-D for submission of the priority message.

(4) Additional Information. If additional information on a mishap that requires an SIR becomes available, or information originally submitted changes, activities shall submit a follow-up report referencing the local time and date of mishap and name of injured person stated on the original report. Activities should state only those items they add or change, mark the report "Modified" and forward it to COMNAVSAFECEN, Code 50. If necessary,

COMNAVSAFECEN may also request additional information.

1409. Recording of Occupational Injuries and Illnesses of Navy Personnel

a. Recording Procedures (Civilian).

All Navy commands, offices, and activities employing civilian personnel (Navy Federal civilians, Navy non-appropriated fund (NAF) civilians, and Navy foreign national civilians) and having a unit identification code (UIC) per NAVCOMPT Manual Volume 2, Chapter 5 (NAVSO-P-1000-25) shall:

(1) Maintain a log of occupational injuries and illnesses. COMNAVSAFECEN will provide a computerized database and spreadsheet that may be used to maintain the log. Regardless of the method used to maintain the log, activities shall record the following data elements for every on-duty occupational injury and illness meeting the definitions in this chapter and involving Navy Federal civilian personnel, Navy NAF civilian personnel, and Navy foreign national civilian personnel. The log shall contain:

- (a) Civilian/Military Indicator
 - (b) Event Reference Number
 - (c) Case or File Number
 - (d) Unit identification Code
- (UIC)
- (e) Activity name
 - (f) Major Command Code
 - (g) Last Name, First Name and Middle Initial
 - (h) Department
 - (i) Sex

2. Minimum stress and strain (simple, natural non-violent body positions or actions as in dressing, sleeping, coughing or sneezing). They are injuries unrelated to mishap-producing agents or environments normally separate from active participation in daily work or recreation.

(h) Death from natural causes that competent medical authority deems unrelated to the work environment

(i) Injuries or fatalities to persons in the act of escaping from or eluding military or civilian custody or arrest.

f. Reporting Procedures

(1) Responsibility. The Commanding Officer or Officer in Charge of shore activities, service craft and small boats shall require the investigation and reporting of all operational reportable injuries, fatalities, occupational illnesses or material (property) damage occurring within the command or involving personnel attached to the command. When a person is injured or killed at a location remote from his or her activity, the naval activity nearest the scene will notify the parent command. If a fatality occurs, the cognizant headquarters command of the activity where the person is employed shall initiate the investigation. For injuries, the two commands shall determine which one conducts the investigation. The final responsibility for submitting the report rests with the parent activity. Whichever command investigates the mishap, activities shall report it per this chapter.

(2) Submission of Reports

(a) General. Activities shall mark reports as unclassified and FOR OFFICIAL USE ONLY, unless the report includes classified information. See SECNAVINST 5720.42E for the proper marking of FOR OFFICIAL USE ONLY

documents. Activities shall include classified information only when essential to the determination of causal factors, or otherwise necessary to understand the circumstances of the mishap.

(b) Safety Investigation Reports (SIR)

1. Board leaders shall use the SIR report format of Appendix 14-C to report investigations required by paragraphs 1408a and 1408b. Since the same format is used for reporting personnel injury and material (property) damage, it may be necessary to omit some sections depending on the type of report activities submit. Activities shall mail SIRs for other than headquarters investigations to COMNAVSAFECEN, Code 41, within 30 calendar days of the mishap. If the mishap occurred on board a ship, the reporting activity shall forward a copy of the SIR to the ship. If the Commanding Officer of the ship finds errors in the report or wishes to comment on the report, he/she may send a message or letter to COMNAVSAFECEN, Code 41, with an information copy to the command submitting the report.

2. Reporting activities shall include their chain of command as information addressees on any Class B mishap report for which a headquarters command investigation is not conducted. Information addressees shall ensure that they use the information in the reports for mishap prevention efforts per Section 1402. Activities will handle requests for release of mishap information per 1406.

(3) Priority Reports

(a) Reporting activities shall make a priority report via telephone within 8 hours to COMNAVSAFECEN and the cognizant headquarters command when any of the following occurs:

- (j) Age
- (k) Job Title
- (l) Rank/Rate/Grade
- (m) Date of Mishap
- (n) Time of Mishap
- (o) General Location of Mishap
- (p) Lost Workday Count
- (q) Injury Type
- (r) OSHA Code
- (s) Body Part
- (t) Mishap Type
- (u) Object Involved (Injury Source)
- (v) Process Control Number (Job/Activity at Time of Mishap)
- (w) Chemical Involved
- (x) Chemical Comments
- (y) Formal Training Involved?
If so, list CIN.
- (z) Case Type (Fatality, Lost Time, No Lost Time, First Aid)
- (aa) Mishap Class
- (bb) Date of Death
- (cc) Short Narrative
- (dd) Start Date
- (ee) Sent Date.

NOTE:

The computerized spreadsheet provided by COMNAVSAFECEN will provide codes for use with items f, k, l, o, q, r, s, t, u, v, z and aa.

Within 6 working days after receiving information or upon receipt of the appropriate Office of Workers' Compensation Programs (OWCP) compensation form on a recordable occupational injury or illness, activities shall enter appropriate information concerning such injury or illness on the log. Activities shall also record any mishap reported for Navy civilian employees who are covered by the Longshoreman and Harbor Workers' Compensation Act on the log. Activities shall record compensation claims resulting in permanent transfer or termination of employment as lost time cases and log and treat compensation claims they controvert or otherwise challenge as work-related until adjudication of the claim. Controversion adjudication resulting in upholding the Navy position may be lined out on the log, but not if the adjudication does not affirm the controversion.

NOTE:

Activities shall only record personnel who are on their employment rolls for the fiscal year of the log on that year's log. If the mishap occurred in the previous fiscal year, activities shall make an entry on that fiscal year's log.

Activities shall not log incidents that result in no medical treatment unless they receive an OWCP or equivalent form. When they receive a report form for such a case as well as a case in which an employee submits a notice of injury or illness solely to

document an incident or exposure and, which are retained at the activity, they will log it as a "no lost time" case.

(2) In addition to the log of occupational injuries and illnesses, each activity shall maintain a supplementary record for each occupational injury, illness or fatality they enter on the log. They shall complete the record within 6 working days after the receipt of information that an occupational injury or illness has occurred. Activities may use the applicable compensation form as the supplementary record. In those cases where Federal Employee's Compensation Act (FECA) or Longshoreman and Harbor Workers' Compensation Act does not cover the injured employee, the activity's local mishap report will suffice as the supplementary record. Activities can use Appendix 14-E, Department of the Navy Report of Traumatic Injury, as their activity's local mishap report. It provides the information activities need to maintain the log of occupational injuries and illnesses paragraph 1409a(1) discusses. If an occupational injury or illness meets the individual mishap reporting requirements of this chapter, activities shall include a copy of the mishap report submitted to COMNAVSAFECEN as part of the supplementary record. Activities shall retain logs and supplementary records for 5 years following the end of the fiscal year to which they relate.

NOTE:

Activity OSH managers shall coordinate with the Human Resources Office (HRO), or equivalent for Non-Appropriated Funds (NAF) and Navy foreign national civilians, to ensure they receive a copy of applicable compensation forms

(OWCP, Longshoreman and Harbor Workers' Compensation Act, etc.) filed with the HRO or equivalent office. Where activities use compensation forms as supplementary records, they shall maintain copies in the OSH office.

(3) Activities with Navy civilian personnel shall complete and post a copy of Appendix 14-F, "Annual Report of Navy Civilian Occupational Injuries and Illnesses," within 45 calendar days following the close of the fiscal year. The report is a summary of the information recorded on the Log of Navy Injuries and Occupational Illnesses for the fiscal year. The report shall always indicate population and total hours worked (exposure data) even though assigned personnel may have experienced no occupational injury or illness during the reporting period. Post the report in conspicuous places throughout the command no later than 45 days after the close of the fiscal year. It shall remain there for at least 30 days. Do not submit this report to COMNAVSAFECEN.

NOTE:

When completing the annual report for a Unit Identification Code (UIC), activities shall combine Navy civilian personnel (appropriated fund, NAF, and foreign nationals) in the one report for the UIC. Do not prepare separate reports for different categories of Navy civilian personnel.

b. Recording Procedures (Military).
Navy shore activities with military personnel attached shall maintain a log per paragraph 1409a(1) for on-duty military personnel mishaps.

c. Each activity with a UIC shall submit a copy of its respective civilian and military Logs of Occupational Injury and Illness to COMNAVSAFECEN (Code 41) semi-annually. Activities shall submit the logs for the first 6 months of the current fiscal year by 15 April. Submit the log for the entire fiscal year by 15 October. The second submission covers the entire fiscal year to allow submission of the most current data available for the year. Activities can submit forms electronically to COMNAVSAFECEN as an e-mail attachment sent to shore@safecen.navy.mil or via disk. Hard copies are acceptable for activities that do not have electronic capability. The mailing address is: Commander, Naval Safety Center, ATTN: Code 41, 375 A Street, Norfolk, VA 23511-4399. COMNAVSAFECEN does not require negative reports.

1410. Injury/Illness Treatment (Civilian Employees Only)

a. Reporting Procedures. Employees shall report immediately to their supervisor any occupational injury or illness. The supervisor shall furnish OPNAV 5100/9, Dispensary Permit (Appendix 14-G) or equivalent to civilian employees who need treatment. Activities shall not permit employees to visit the Navy medical treatment facility (MTF) without having obtained the form, except where necessary to avoid delay in treatment to the detriment of an employee. In this case, activities may complete the form after the patient has been removed to the MTF. Activities shall record any injury or occupational illness at work at the dispensary or medical department of the activity.

NOTE:

The Navy uses the terms "dispensary" and "medical treatment facility" generically to denote the site and pro-

vider of medical treatment at Navy activities. Individual activities may use different terms.

b. Injury Report Control. The OSH office may use appendix 14-G as one means of control to ensure the prompt receipt of information they need to investigate mishaps and to complete appropriate mishap reports for civilian employees. The OSH office may use other tracking systems if they allow activity OSH offices to track MTF visits. Regardless of the tracking system used, all injured civilian personnel shall first report to the MTF per paragraph 1410c(6).

c. Preparation Procedure. Personnel shall observe the following instructions regarding the preparation and disposition of Dispensary Permits, appendix 14-G:

(1) The supervisor shall complete the upper half of the Dispensary Permit in duplicate.

(2) The injured employee shall take both copies of the form to the MTF.

(3) The "Occupational-No" box is checked for personal illness cases only. If this block is checked, give further details under "Reason for Referral-Other".

(4) Use of case number is optional within the activity.

(5) The MTF shall make every effort to determine whether or not an injury or physical disability is occupational before checking the "Questionable" block.

(6) All personnel, except where necessary to avoid delay in treatment to the detriment of an employee, shall first report to the MTF for administrative purposes. The employee may then choose treatment at the MTF, a private hospital or by a private physician. Those Navy civilians cov-

ered by Federal Employees' Compensation Act (FECA) who elect treatment by a qualified local physician or hospital shall meet this administrative requirement.

1411. Commanding Officer Review

Commanders, commanding officers and officers in charge, or their respective deputies, chiefs of staff, or executive officers, shall review lost time mishaps. The activity head or his or her designee with the OSH manager shall decide which mishaps to review. At a minimum, activities shall review any mishap that requires submission of an SIR per paragraph 1408. The specific review mechanism is left to the command's discretion and can take many forms. This review will include the cognizant first-line supervisor and/or next level of management, and the injured employee if needed for amplifying information. The review shall involve safety, medical, compensation, and other management personnel, as appropriate. The object of the review is to determine compliance with and adequacy of established NAVOSH standards and procedures, identify the underlying cause(s) of the mishap and take corrective action to prevent recurrence.

1412. Shore Major Mishap Review Board

The purpose of a Shore Major Mishap Review Board is for periodically reviewing Class A and select Class B mishaps, and taking actions to implement mishap investigation recommendations. This board shall meet at least annually. CNO (N454) shall chair this board which shall include representatives of COMNAVSAFECEN (Code 40), NAVENVIRHLTHCEN (Code 00 and 05), headquarters commands experiencing mishaps under review and others the chair selects.

1413. Mishap Analyses

Activities shall conduct detailed analyses of their mishap experiences and develop annual fiscal year (FY) mishap reduction goals. They shall include these goals in command goals and specific strategies, measurement standards and develop actions for goal attainment. (See chapter 5, paragraph 0505 for further guidance.)

1414. Records Disposition

a. The records and reports this chapter requires will be retained for 5 years following the end of the fiscal year to which they relate.

b. Activities shall destroy general correspondence and records they accumulate in connection with the routine administration and operation of mishap investigation and reporting after 2 years.

c. Records shall not be destroyed if they address corrective actions that are not yet complete.

Chapter 14

References

14-1. DOD Instruction 6055.7 of 10 Apr 89, Mishap Investigation, Reporting and Recordkeeping, latest edition (NOTAL)

14-2. OPNAVINST 5102.1C of 3 Mar 89, Mishap Investigation and Reporting

14-3. OPNAVINST 5100.19C of 14 Jan 94, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat (NOTAL)

14-4. OPNAVINST 3750.6Q of 28 Aug 89, Naval Aviation Safety Program (NOTAL)

c. Each activity with a UIC shall submit a copy of its respective civilian and military Logs of Occupational Injury and Illness to COMNAVSAFECEN (Code 41) semi-annually. Activities shall submit the logs for the first 6 months of the current fiscal year by 15 April. Submit the log for the entire fiscal year by 15 October. The second submission covers the entire fiscal year to allow submission of the most current data available for the year. Activities can submit forms electronically to COMNAVSAFECEN as an e-mail attachment sent to shore@safecen.navy.mil or via disk. Hard copies are acceptable for activities that do not have electronic capability. The mailing address is: Commander, Naval Safety Center, ATTN: Code 41, 375 A Street, Norfolk, VA 23511-4399. COMNAVSAFECEN does not require negative reports.

1410. Injury/Illness Treatment (Civilian Employees Only)

a. Reporting Procedures. Employees shall report immediately to their supervisor any occupational injury or illness. The supervisor shall furnish OPNAV 5100/9, Dispensary Permit (Appendix 14-G) or equivalent to civilian employees who need treatment. Activities shall not permit employees to visit the Navy medical treatment facility (MTF) without having obtained the form, except where necessary to avoid delay in treatment to the detriment of an employee. In this case, activities may complete the form after the patient has been removed to the MTF. Activities shall record any injury or occupational illness at work at the dispensary or medical department of the activity.

NOTE:

The Navy uses the terms "dispensary" and "medical treatment facility" generically to denote the site and pro-

vider of medical treatment at Navy activities. Individual activities may use different terms.

b. Injury Report Control. The OSH office may use appendix 14-G as one means of control to ensure the prompt receipt of information they need to investigate mishaps and to complete appropriate mishap reports for civilian employees. The OSH office may use other tracking systems if they allow activity OSH offices to track MTF visits. Regardless of the tracking system used, all injured civilian personnel shall first report to the MTF per paragraph 1410c(6).

c. Preparation Procedure. Personnel shall observe the following instructions regarding the preparation and disposition of Dispensary Permits, appendix 14-G:

(1) The supervisor shall complete the upper half of the Dispensary Permit in duplicate.

(2) The injured employee shall take both copies of the form to the MTF.

(3) The "Occupational-No" box is checked for personal illness cases only. If this block is checked, give further details under "Reason for Referral-Other".

(4) Use of case number is optional within the activity.

(5) The MTF shall make every effort to determine whether or not an injury or physical disability is occupational before checking the "Questionable" block.

(6) All personnel, except where necessary to avoid delay in treatment to the detriment of an employee, shall first report to the MTF for administrative purposes. The employee may then choose treatment at the MTF, a private hospital or by a private physician. Those Navy civilians cov-

14-5. OPNAVINST 3120.32C of 11 Apr 94, Standard Organization and Regulations of the U.S. Navy (NOTAL)

14-6. NAVFAC P-307 Management of Weight Handling Equipment, latest edition

14-7 OPNAVINST 3100.6G of 1 Jun 95, Special Incident Reporting (OPREP 3, Navy Blue and Unit SITREP) Procedures (NOTAL)s

Appendix 14-A
SAFETY INVESTIGATION REPORT (SIR) ENCLOSURE
ADVICE TO WITNESS
(PROMISE OF CONFIDENTIALITY)

OPNAV 5102-11

THIS IS PART OF A LIMITED USE NAVY SHORE MISHAP INVESTIGATION REPORT
LIMITED DISTRIBUTION AND SPECIAL HANDLING REQUIRED BY OPNAVINST 5100.23E
THIS STATEMENT IS PRIVILEGED AND IS EXEMPT FROM DISCLOSURE

PLEASE READ THIS STATEMENT CAREFULLY
CERTIFY THAT YOU UNDERSTAND IT BY YOUR SIGNATURE AT THE BOTTOM

- I understand that:
- a. I have been requested to voluntarily provide information to a SIR Board conducting an investigation of a defined Navy shore mishap.
 - b. I AM NOT being requested to provide statement under oath or affirmation.
 - c. Disclosure of personal information by me is voluntary, and that failure to provide such information will have no direct effect on me.
 - d. The purpose of the information provided by me is to determine the cause of a mishap and/or the damage and/or injury occurring in connection with that mishap.
 - e. All information provided by me to the Mishap Board will be used ONLY for safety purposes.
 - f. The information provided by me shall NOT be used:
 - (1) In any determination affecting my interests.
 - (2) As evidence to obtain evidence in determining misconduct or line of duty status of killed or injured personnel.
 - (3) As evidence to determine my responsibility or that of other personnel from the standpoint of discipline.
 - (4) As evidence to assert affirmative claims on behalf of the government.
 - (5) As evidence to determine the liability of the government for property damage caused by the mishap.
 - (6) As evidence before administrative bodies, such as Officer/Enlisted Separation Boards, Judge Advocate General Manual investigations/inquiries, Naval Aviator/Naval Flight Officer Evaluation Boards (FNAEB) or Marine Corps Field Flight Performance Boards (FFPB).
 - (7) In any other punitive or administrative action taken by the Department of the Navy.
 - (8) In any other investigation or report of the mishap about which I have been asked to provide information.
 - g. My signature acknowledges that I do not need a full Promise of Confidentiality as a condition on my willingness to provide testimony to the Board and I understand that statements given without a Promise of Confidentiality may be released. (If the witness has any reservations about their statement being released to anyone outside the board itself, entitled persons in the safety endorsement process, or the public under FOIA, a Promise of Confidentiality should be offered to ensure forthright, candid testimony).

1. STATEMENT (Continue on reverse and/or attach separate sheet(s) as necessary)

2. PRINTED NAME (First, Middle, Last)

3. SIGNATURE

4. DATE

5. RANK/RATE

6. SERVICE

7. TELEPHONE NUMBER

8. ADDRESS WHERE YOU MAY BE LOCATED

OPNAV 5102/11 (2-98)

Appendix 14-A

Enclosure (1)

Appendix 14-A (Con't)
SAFETY INVESTIGATION REPORT (SIR) ENCLOSURE
ADVICE TO WITNESS

THIS IS PART OF A NAVY SHORE MISHAP INVESTIGATION REPORT LIMITED DISTRIBUTION AND SPECIAL HANDLING REQUIRED BY OPNAVINST 5100.23E THIS STATEMENT IS NOT PRIVILEGED AND MAY BE DISCLOSED			
PLEASE READ THIS STATEMENT CAREFULLY CERTIFY THAT YOU UNDERSTAND IT BY YOUR SIGNATURE AT THE BOTTOM			
I understand that:			
a. I have been requested to voluntarily provide information to a SIR Board conducting an investigation of a defined Navy shore mishap.			
b. I AM NOT being requested to provide statement under oath or affirmation.			
c. Disclosure of personal information by me is voluntary, and that failure to provide such information will have no direct effect on me.			
d. The purpose of the information provided by me is to determine the cause of a mishap and/or the damage and/or injury occurring in connection with that mishap.			
e. All information provided by me to the Mishap Board will be used ONLY for safety purposes. It is further understood, however, that the information provided by me or contained in this report may be released in response to a Freedom of Information Act (FOIA) or Department of Labor/OSHA request.			
f. Although releasable, the information provided by me shall NOT be used by the Government:			
(1) In any determination affecting my interests.			
(2) As evidence to obtain evidence in determining misconduct or line of duty status of killed or injured personnel.			
(3) As evidence to determine my responsibility or that of other personnel from the standpoint of discipline.			
(4) As evidence to assert affirmative claims on behalf of the government.			
(5) As evidence to determine the liability of the government for property damage caused by the mishap			
(6) As evidence before administrative bodies, such as Officer/Enlisted Separation Boards, Judge Advocate General Manual investigations/inquiries, Naval Aviator/Naval Flight Officer Evaluation Boards (FNAEB) or Marine Corps Field Flight Performance Boards (FFPB).			
(7) In any other punitive or administrative action taken by the Department of the Navy.			
(8) In any other investigation or report of the mishap about which I have been asked to provide information.			
1. STATEMENT (Continue on reverse and/or attach separate sheet(s) as necessary)			
2. PRINTED NAME (First, Middle, Last)		3. SIGNATURE	
4. DATE	5. RANK/RATE	6. SERVICE	7. TELEPHONE NUMBER
8. ADDRESS WHERE YOU MAY BE LOCATED			

OPNAV 5102/10 (2-98)

Appendix 14-A

Enclosure (1)

14-A-2

OPNAVINST 5100.23E
15 January 1999

DEPARTMENT OF THE NAVY
SAFETYGRAM

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

FIRST CLASS

COMMANDER NAVAL SAFETY CENTER
375 A STREET
NORFOLK, VA 23511-4399

Appendix 14-B

Enclosure (1)

14-B-2

Appendix 14-C
Format for Safety Investigation Report (SIR)

General. The format and content shown below are to be used for reporting personnel injuries, death, or material (property) damage mishaps required by paragraph 1408a and 1408b. WHEN REQUESTED DATA DOES NOT APPLY OR IS NOT RELEVANT TO THE ANALYSIS OF THE Mishap, INSERT THE WORDS "NOT APPLICABLE" OR "NA."

From: Activity Name (reports submitted per 1408a)

Board Leader (reports submitted per 1408b)

To: Commander, Naval Safety Center (Code 41)

USE VIA LINE FOR REPORTS SUBMITTED PER 1408b

Via: (1) Command Experiencing Mishap

(2) Operational Chain of Command

(3) Other Endorsers

SUBJ: SAFETY INVESTIGATION REPORT (SIR)

Ref: (a)

Encl: (1)

FOR OFFICIAL USE ONLY. THIS IS A GENERAL USE SHORE SAFETY INVESTIGATION REPORT (SIR) TO BE USED FOR SAFETY PURPOSES AS DEFINED IN OPNAVINST 5100.23E.

1. For headquarters investigations, state if Class A or B mishap; the name and UIC

of the activity where mishap occurred; local date, time of mishap and result of mishap.

2. Mishap Investigator/Investigation Board: State name, job title, activity, and telephone number of each member, including the board Leader.

3. Sequence of Events (include chain of events leading up to, through, and subsequent to the mishap). State the location where the mishap occurred, the evolution at the time of the mishap and weather conditions if applicable.

4. Injury or Material (Property) Damage:

a. Injuries - for each person injured provide the following:

(1) Name:

(2) Age/Sex/SSN:

(3) UIC of Duty Station:

(4) Employment Status: (USN, USNR, NROTC, USMC, USAF, US Army, Navy Federal Civilian, Navy Non-Appropriated Fund Civilian, Navy Foreign National Civilian, Navy Federal Marine Civilian, Military Dependent, Non-DOD, Other (Specify))

(5) Civilian - Series, job title, and grade:

(6) Military - Rank and designator or rate and NEC:

(7) Duty status - (On or off duty)

(8) Did injury result from formal Navy training? If so, state Course Identification Number (CIN):

Appendix 14-C

Enclosure (1)

(9) Was the job/activity related to the person's rating or job position:

(10) State the specific job/activity the person was performing at the time of the mishap:

(11) Extent of injury or illness: fatality, permanent total disability, permanent partial disability, temporary disability, missing, or no disability likely:

(12) Medical diagnosis - state part of body and nature of the injury or illness:

(13) Estimation of lost time:

(a) Total of lost workdays away from job (actual number of lost workdays including workdays hospitalized):

(b) Total of days hospitalized (actual number of days hospitalized including weekends):

(14) 72 hour profile (complete only if mishap involves a fatality):

(a) Travel completed in the 72 hours immediately preceding the mishap.

(b) Type of work performed and work schedule (hours) for the 72 hours immediately preceding the mishap,

(c) Periods of rest and sleep for the 72 hours immediately preceding the mishap.

(d) Medications prescribed.

(e) Alcohol and other drugs (prescription, nonprescription, and illegal) taken during the 72 hours immediately preceding the mishap.

(f) General physical condition, including illnesses.

(g) Individual's mental, emotional, and physical state including perceived stress and behavior changes (based on supervisor, next-of-kin (if available), co-workers, and friends.

(h) Other comments the supervisor, next-of-kin, co-workers, and friends wish to make related to the individual's condition or pre-mishap activities.

(i) Other factors prior to the mishap that could have effected the mishap occurrence or its outcome.

(j) Non-judicial punishment (NJP)/Uniform Code of Military Justice (UCMJ) record (military only) or any other behavior infractions for the past three years.

b. Material (Property) Damage - provide the following information for property or equipment damaged or destroyed:

(1) Property or equipment (EIC, TEC, NSN - if none of these are available, state manufacturer, specific type of property or equipment, and model and serial numbers, as applicable):

(2) Describe damage:

(3) UIC of activity owning material:

(4) Estimated cost to repair or replace DoD property (provide the total cost including man-hours plus cost of material or equipment):

(5) Estimate cost to repair or replace Non-DOD property:

(6) Number of operating days lost (also applies to service craft and small boats):

5. Discussion and Findings (Address the following areas, as applicable):

a. Adequacy and use of approved procedures:

b. Qualifications and training of people involved:

c. Effectiveness of supervision:

d. Effectiveness of Quality Assurance/Inspection Program:

e. Human error:

f. Material deficiencies or shortcomings:

g. Violation of OSHA standards or NAVOSH Program requirements and effects:

6. Conclusions

a. State probable cause(s) of the mishap, injury, and damage with a short rationale:

b. Other causes considered but rejected with a short rationale:

7. Recommendations (State recommendations for changes in procedures, equipment, or training to prevent recurrence and the boards recommendations to prevent recurrence):

8. Other comments, as applicable.

Signature of Board Chairman _____

NOTE:

Copy to: (If mishap involves an activity the findings or recommendations do not address, include the activity and its chain of command as "copy to" addressees.)

Appendix 14-D
Sample Priority Message for Interim Reporting
of Mishaps Requiring a Headquarters Command Investigation

1. General. The format and content shown below are to be used for initial reporting of personnel injuries/deaths or material (property) damage mishaps requiring a headquarters command investigation. Submit as much of the information as is available.

2. Content and Format:

(Precedence - Priority)

FROM: REPORTING ACTIVITY

TO: COMNAVSAFECEN NORFOLK VA//02/40/50/70/054//
CNO WASHINGTON DC//N45//

INFO: CHAIN OF COMMAND
AS DESIRED

UNCLAS//N05100//FOUO (Normally UNCLAS unless classified information must be included.)

SUBJ: CLASS A OR B (STATE WHICH) MISHAP

MSGID/GENADMIN/MSG ORIG/SER NO/MONTH//

A. (Reference telephone call to COMNAVSAFECEN of initial notification)

FORMAT IN ACCORDANCE WITH GENADMIN PROCEDURES.

NARR/THIS IS A GENERAL USE SHORE SAFETY INVESTIGATION REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5100.23E

RMKS/GENERAL MISHAP INFORMATION:

1. UIC OF INJURED PERSON'S COMMAND OR REPORTING ACTIVITY IF PROPERTY DAMAGE
2. TYPE OF MISHAP (Flooding, fire, injury/death, equipment casualty, etc)
3. LOCAL TIME AND DATE OF MISHAP
4. LOCATION WHERE MISHAP OCCURRED (If at duty station, give workcenter or description, e.g., torpedo room, main deck frame, base/station facility. If other, so indicate, e.g., ball field, etc. Indicate if MWR facility.)

Appendix 14-D

Enclosure (1)

5. EVOLUTION/JOB BEING PERFORMED AT TIME OF MISHAP, (refit, ISE, maintenance, UNREP, material handling production, etc.) If at training command, insert course identification number (CIN) only - do not provide evolution in those cases.
6. POINT OF CONTACT AND COMPLETE TELEPHONE NUMBER

MATERIAL (PROPERTY) DAMAGE:

1. EQUIPMENT DAMAGED OR DESTROYED BY THE MISHAP (Include EIC, TEC, or NSN, if applicable; describe damage)
2. ESTIMATED COST TO REPAIR OR REPLACE DOD PROPERTY (Provide a total cost including labor plus cost of material and equipment.)
3. ESTIMATED COST OF NON-DOD PROPERTY DAMAGE
4. NUMBER OF REPORTING ACTIVITY OPERATING DAYS LOST

REPORTABLE INJURIES:

1. NAME/SSN/AGE/SEX (If more than one person involved, information in this section must be explicit as to which individual is being described. Repeat items 1 through 7 for each individual.)
2. RANK/DESIGNATOR/RATE/GRADE, JOB AND EMPLOYMENT STATUS (For employment status, specify USN, USNR, Navy Federal Civilian, Navy Non-Appropriated Fund Civilian, Navy Foreign National Civilian, etc.)
3. DUTY STATUS (on or off duty)
4. SPECIFIC JOB OR ACTIVITY INDIVIDUAL ENGAGED IN AT TIME OF MISHAP (PMS, PFT, training, watchstanding, woodworking, material handling, etc.)
5. NUMBER OF MONTHS EXPERIENCE AT THE JOB OR ACTIVITY (The experience the person possessed for the activity engaged in, e.g., swimming mishap indicate swimming qualification and applicable training course.)
6. MEDICAL DIAGNOSIS (Include parts of body and type of injury or illness).
7. FATALITY OR EXTENT OF INJURIES OR OCCUPATIONAL ILLNESSES (Specify fatality, missing, permanent total disability, permanent partial disability, temporary partial disability, or no disability likely)

NARRATIVE: State as much amplifying information available. Chain of events leading up to, through, and subsequent to mishap (Elaborate with remarks so that who, where, how, and why of the mishap are known.)

**Appendix 14-E
FOR OFFICIAL USE ONLY
Department of the Navy
Report of Traumatic Injury**

For use by military personnel, non-appropriated fund civilian personnel and foreign nationals only.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security No.
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home Telephone ()	6. Rank/Grade on date of injury:
7. Employee's home mailing address(include city, state, and zip code)			8. Dependents <input type="checkbox"/> Wfife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date of Injury Mo. Day Yr.	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10. Date of notice Mo. Day Yr.	12. Employee's Occupation
-----------------------------------	---	-----------------------------------	---------------------------

13. Cause of Injury (Describe what happened and why)

14. Nature of Injury(identify both the injury and part of body, e.g., fracture of left leg)	a. Type code	b. Source code

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

Employee Signature

15. I certify that the injury described above was sustained in performance of duty as an employee of the United States Navy and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication.

Signature of employee or person acting on his/her behalf

End of Employee Report

Witness

Note: Witness Statements, when available, should be attached to this report for use by the mishap investigator during the investigation of this injury.

16. Witnesses to the injury. (If additional witnesses are available who may provide more information, attach a separate sheet of paper with the below information)

Name of Witness	City	State	Zip Code	Daytime Telephone Number ()
-----------------	------	-------	----------	---------------------------------

Name of Witness	City	State	Zip Code	Daytime Telephone Number ()
-----------------	------	-------	----------	---------------------------------

Name of Witness	City	State	Zip Code	Daytime Telephone Number ()
-----------------	------	-------	----------	---------------------------------

Supervisor's Report

17. UIC of activity reporting mishap:

18. UIC of activity where mishap occurred:

19. Employee's duty station (Street address and zip code)

20. Date of Injury
Mo. Day Yr.

21. Days of Restricted Work beyond date of injury.

22. Number of lost work days.

23. Was the employee injured in performance of duty?
 Yes No (If no, explain)

24. Do medical reports show employee is disabled for work?
 Yes No

25. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? Yes No (If no, explain)

Signature of Supervisor and Filing Instructions.

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

26. I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception:

Name of Supervisor (Type or print)

Signature of Supervisor

Date

Supervisor's Title

Office Phone

-
27. Filing instructions:
- No lost time and no medical expenses incurred. Provide to activity Safety Office for recordkeeping.
 - No lost time, medical expense incurred or expected. Provide to activity Safety Office for recordkeeping
 - Lost Time. Provide to activity Safety Office for recordkeeping
-

Appendix 14-F
ANNUAL REPORT OF NAVY CIVILIAN OCCUPATIONAL INJURIES AND ILLNESSES

A. UIC _____
(List all UICs included on this report with ISIC first)

C. _____
(Complete mailing address of activity)

D. _____
(City, State, Zip)

B. Reporting Period
Month Day Year
(FY Ending)

E. _____
(Immediate Superior in Command)

F. _____
(Date Prepared)

CODE	INJURY AND ILLNESS CATEGORY	TOTAL CASES (1)	DEATHS (2)	LOST TIME CASES (3)	NO LOST TIME CASES (4)	FIRST AID CASES (5)
10	Occupational Injuries					
	Occupational Illnesses					
21	Occupational skin diseases or disorders					
22	Dust diseases of the lungs (pneumoconioses)					
23	Respiratory conditions due to toxic agents					
24	Poisoning (systemic effects of toxic materials)					
25	Disorders due to physical agents (other than toxic materials)					
26	Disorders due to repeated trauma or stress					
29	All other occupational illnesses					
	TOTAL CIVILIAN OCCUPATIONAL INJURIES AND ILLNESS					
30	Total occupational illnesses (21-29)					
31	Total occupational injuries and illnesses (10 + 30)					
40	Total hours worked by personnel (This reporting period)					
50	Average number of personnel (This reporting period)					

OPNAV 5102/8 (10/94)

PERSON PREPARING REPORT _____ LOCAL PHONE _____

Appendix 14-G
Dispensary Permit

OPNAV 5100-28

DISPENSARY PERMIT
OPNAV 5100/9 REV.
S/N 0107-LF-005-2600

PRIVACY ACT
STATEMENT BELOW

CASE NUMBER

SUPERVISOR'S REPORT		TO DISPENSARY (Location)		DATE OF REPORT	
EMPLOYEE'S NAME		TIME & DATE OF INJURY		TIME LEFT JOB	TIME RETURNED
SOCIAL SECURITY NO.	GRADE, RATE, JOB TITLE			OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE	
REASON FOR REFERRAL <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEE'S REQUEST <input type="checkbox"/> OTHER (Specify)					
REMARKS					
SUPERVISOR'S SIGNATURE		SHOP/OFFICE	TELEPHONE NUMBER		
MEDICAL OFFICER'S REPORT		TIME REPORTED	TIME RELEASED		
OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		DEGREE OF INJURY <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER (Explain)			
DISPOSITION OF EMPLOYEE <input type="checkbox"/> RETURN TO PERM. JOB _____ <input type="checkbox"/> RESTRICT ACTIVITY UNTIL _____ <input type="checkbox"/> REFERRED TO PRIVATE PHYSICIAN/HOSPITAL					
<input type="checkbox"/> TEMP. TRANSFER TO ANOTHER JOB <input type="checkbox"/> PERM. TRANSFER TO ANOTHER JOB <input type="checkbox"/> OTHER (Explain)					
<input type="checkbox"/> TERMINATION OF EMPLOYMENT <input type="checkbox"/> SENT HOME BY DISPENSARY					
REMARKS/DIAGNOSIS					
MEDICAL OFFICER'S SIGNATURE		INITIAL TREATMENT DETERMINATION <input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED <input type="checkbox"/> RE-TREATMENT REQUIRED			

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301, Departmental Regulations and E.O. 9397

Principal Purpose: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.

Routine Use: Routinely used by the activity Occupational Safety and Health Office to perform official duties in the investigation of mishaps which may have caused occupational injury or illness.

Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.

OPNAV 5100/9 (10/92)

Appendix 14-G

Enclosure (1)

MISHAP REPORTING PROCEDURES

In the event of a mishap on or off duty the following report and contacts are required.

CONTACTS:

Safety officer: BMC Lilly 524-6668 ext 114 / HOME (Recall bill)

Medical: HM1 524-668 ext 109 / HOME (Recall bill)

Navy Region Southwest Safety office 553-8594

* NAVY SAFETY CENTER
REPORT:

Supervisors' Investigation of Mishap Report

Note: This report should be filled out and given to the Safety Officer as soon as possible.

* FOR TYPE A and B MISHAP

1) DEATH

2) PERMENT DISABILITY

3) REQ HOSPIALIZATION LONGER
THAN 3 DAYS

APPENDIX 14-A
SUPERVISORS' INVESTIGATION OF MISHAP

SUPERVISORS' INVESTIGATION OF MISHAP
COMNAVREGSW 5100/26 (10-98)

From:	To: NAVOSH	Via:	Report No. (NAVOSH)
-------	------------	------	---------------------

Name and Code of Injured or Operator of Vehicle:	Sex:	Age:	Date of Mishap:	Time:
--	------	------	-----------------	-------

Injured or Operator is ("X" One):

Military on Duty <input type="checkbox"/>	Civilian (Navy) <input type="checkbox"/>	Full Time <input type="checkbox"/>	Other <input type="checkbox"/>
Military off Duty <input type="checkbox"/>	Civilian (NAF) <input type="checkbox"/>	Part Time <input type="checkbox"/>	Contractor <input type="checkbox"/>

Type of Mishap or Injury ("X" as Applicable):

Injury on the Job <input type="checkbox"/>	Illness <input type="checkbox"/>	Chemical Exp. <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>
Sports Injury <input type="checkbox"/>	Home Injury <input type="checkbox"/>	Property Damage <input type="checkbox"/>	

Injury/Illness Data (Military/Civilian/Other):

Occupation _____ Geographical location of mishap _____
 Dept/Workcenter _____ Regional Complex _____

Rank/Rate/Series/Grade _____ Date stopped work _____

Social Security No. _____ Date returned to work _____

Nature of Injury/Illness _____

Months Experience at time of Mishap/Illness _____ Medical attention: Yes No

Day(s) away from normal work _____ Number of days hospitalized _____

Day(s) restricted duty _____ Return visit to medical for follow-up: Yes No

Description of Mishap/Illness (Attach continuation sheet if necessary):

Corrective Action Taken or Proposed (Attach continuation sheet if necessary):

Motor Vehicle Data:

GMV	License Number _____	Year _____	Model _____	Body Style _____
PMV	License Number _____	Year _____	Model _____	Body Style _____
Motorcycle	License Number _____	Year _____	Body Style _____	CC _____

Motor Vehicle/Property Damage (Estimate in dollars):

Date: _____ Typed Name and Signature of Supervisor: _____

Phone No: _____

MISHAP REPORTING PROCEDURES

In the event of a mishap on or off duty the following report and contacts are required.

CONTACTS:

Safety officer: BMC Lilly 524-6668 ext 114 / HOME (Recall bill)

Medical: HM1 524-668 ext 109 / HOME (Recall bill)

Navy Region Southwest Safety office 553-8594

REPORT:

Supervisors' Investigation of Mishap Report

Note: This report should be filled out and given to the Safety Officer as
Soon as possible.

APPENDIX 14-A
SUPERVISORS' INVESTIGATION OF MISHAP

SUPERVISORS' INVESTIGATION OF MISHAP
COMNAVREGSW 5100/26 (10-98)

From:	To: NAVOSH	Via:	Report No. (NAVOSH)
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Name and Code of Injured or Operator of Vehicle:	Sex:	Age:	Date of Mishap:	Time:
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Injured or Operator is ("X" One):

Military on Duty <input type="checkbox"/>	Civilian (Navy) <input type="checkbox"/>	Full Time <input type="checkbox"/>	Other <input type="checkbox"/>
Military off Duty <input type="checkbox"/>	Civilian (NAF) <input type="checkbox"/>	Part Time <input type="checkbox"/>	Contractor <input type="checkbox"/>

Type of Mishap or Injury ("X" as Applicable):

Injury on the Job <input type="checkbox"/>	Illness <input type="checkbox"/>	Chemical Exp. <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>
Sports Injury <input type="checkbox"/>	Home Injury <input type="checkbox"/>	Property Damage <input type="checkbox"/>	

Injury/Illness Data (Military/Civilian/Other):

Occupation _____ Geographical location of mishap _____
 Dept/Workcenter _____ Regional Complex _____

Rank/Rate/Series/Grade _____ Date stopped work _____

Social Security No. _____ Date returned to work _____

Nature of Injury/Illness _____

Months Experience at time of Mishap/Illness _____ Medical attention: Yes No

Day(s) away from normal work _____ Number of days hospitalized _____

Day(s) restricted duty _____ Return visit to medical for follow-up: Yes No

Description of Mishap/Illness (Attach continuation sheet if necessary):

Corrective Action Taken or Proposed (Attach continuation sheet if necessary):

Motor Vehicle Data:

GMV	License Number _____	Year _____	Model _____	Body Style _____
PMV	License Number _____	Year _____	Model _____	Body Style _____
Motorcycle	License Number _____	Year _____	Body Style _____	CC _____

Motor Vehicle/Property Damage (Estimate in dollars):

Date: _____ Typed Name and Signature of Supervisor: _____

Phone No: _____

APPENDIX 14-A
SUPERVISORS' INVESTIGATION OF MISHAP

SUPERVISORS' INVESTIGATION OF MISHAP
COMNAVREGSW 5100/26 (10-98)

From:	To: NAVOSH	Via:	Report No. (NAVOSH)
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Name and Code of Injured or Operator of Vehicle:	Sex:	Age:	Date of Mishap:	Time:
--	------	------	-----------------	-------

Injured or Operator is ("X" One):

Military on Duty	()	Civilian (Navy)	()	Full Time	()	Other	()
Military off Duty	()	Civilian (NAF)	()	Part Time	()	Contractor	()

Type of Mishap or Injury ("X" as Applicable):

Injury on the Job	()	Illness	()	Chemical Exp.	()	Motor Vehicle	()
Sports Injury	()	Home Injury	()	Property Damage	()		

Injury/Illness Data (Military/Civilian/Other):

Occupation _____ Geographical location of mishap
Dept/Workcenter _____ Regional Complex

Rank/Rate/Series/Grade _____ Date stopped work _____

Social Security No. _____ Date returned to work _____

Nature of Injury/Illness _____

Months Experience at time of Mishap/Illness _____ Medical attention: Yes () No ()

Day(s) away from normal work _____ Number of days hospitalized _____

Day(s) restricted duty _____ Return visit to medical for follow-up: Yes () No ()

Description of Mishap/Illness (Attach continuation sheet if necessary):

Corrective Action Taken or Proposed (Attach continuation sheet if necessary):

Motor Vehicle Data:

GMV	License Number _____	Year _____	Model _____	Body Style _____
PMV	License Number _____	Year _____	Model _____	Body Style _____
Motorcycle	License Number _____	Year _____	Body Style _____	CC _____

Motor Vehicle/Property Damage (Estimate in dollars):

Date: _____ Typed Name and Signature of Supervisor: _____

Phone No: _____

APPENDIX 14-A
SUPERVISORS' INVESTIGATION OF MISHAP

SUPERVISORS' INVESTIGATION OF MISHAP
COMNAVREGSW 5100/26 (10-98)

From:	To: NAVOSH	Via:	Report No. (NAVOSH)
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Name and Code of Injured or Operator of Vehicle:	Sex:	Age:	Date of Mishap:	Time:
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Injured or Operator is ("X" One):

Military on Duty	<input type="checkbox"/>	Civilian (Navy)	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Other	<input type="checkbox"/>
Military off Duty	<input type="checkbox"/>	Civilian (NAF)	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Contractor	<input type="checkbox"/>

Type of Mishap or Injury ("X" as Applicable):

Injury on the Job	<input type="checkbox"/>	Illness	<input type="checkbox"/>	Chemical Exp.	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>
Sports Injury	<input type="checkbox"/>	Home Injury	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>		

Injury/Illness Data (Military/Civilian/Other):

Occupation _____ Geographical location of mishap _____
 Dept/Workcenter _____ Regional Complex _____

Rank/Rate/Series/Grade _____ Date stopped work _____

Social Security No. _____ Date returned to work _____

Nature of Injury/Illness _____

Months Experience at time of Mishap/Illness _____ Medical attention: Yes No

Day(s) away from normal work _____ Number of days hospitalized _____

Day(s) restricted duty _____ Return visit to medical for follow-up: Yes No

Description of Mishap/Illness (Attach continuation sheet if necessary):

Corrective Action Taken or Proposed (Attach continuation sheet if necessary):

Motor Vehicle Data:

GMV	License Number _____	Year _____	Model _____	Body Style _____
PMV	License Number _____	Year _____	Model _____	Body Style _____
Motorcycle	License Number _____	Year _____	Body Style _____	CC _____

Motor Vehicle/Property Damage (Estimate in dollars):

Date: _____ Typed Name and Signature of Supervisor: _____

Phone No: _____