

APPENDIX I
ACCIDENT REPORTING AND RECORDS

1. Government employees will immediately inform their first line supervisors of all Government accidents. If the accident involves a non-lost time injury, but involves costs such as the services of a physician, the supervisor must, within 48 hours, forward a completed ENG Form 3394, through channels to CEPOD, ATTN: CEPOD-SO. This report is exempt from Reports Control pursuant to para 7-2H, AR 335-15.
2. If the incident is of a serious nature, one for which FECA claim has been sent to the Dept of Labor, involves total property damage of \$700 or more, or is a lost time injury, Mishap Report Form ENG 3394 will be used. The original will be forwarded through district channels to POD, ATTN: CEPOD-SO. The accident will be investigated by the employee's supervisor within 24 hours, and the report shall contain a complete description of the accident, the resulting injury, and the direct cause and indirect causes contributing to the accident. It will also contain a statement of action taken by the immediate supervisor or action proposed to prevent recurrence of similar accidents. Intermediate and top line supervisors will review and approve the action proposed, or direct that additional action be taken and so indicate on the report. The District Commander's signature is required for final approval of the corrective action to be taken by Districts. The Division Commander's signature is required for final approval of the corrective action related to Division Office personnel.
3. All accidents resulting in damage of \$50,000 or more to either Government or contractor property, or in a Government or contractor fatality, or a fatality as a result of CE operations, or permanent total disability to Government or contractor employees will require a Board of Investigation report. The Board of Investigation will be appointed by the Division/District Commander within 12 hours after the occurrence. The Board will be composed of one or more members experienced in the activity in which the accident occurred. The Board is responsible to Division/District Commander for obtaining information concerning the accident. It is also the responsibility of the Board to evaluate the findings, determine the direct cause, and the indirect causes, recommend corrective actions and complete the Mishap Report Form ENG Form 3394, which must accompany the Board's report. The Division/District Commander will notify the responsible operating official in writing of the corrective action to be taken. If the Division/District Commander plans corrective action other than that recommended by the Board's report, his action should be included in his letter of transmittal of the Board's report. The original and three copies of the report will be forwarded through POD, ATTN: CEPOD-SO, to HQUSACE (CEEC-S).
4. The prime contractor is responsible for investigating all contractor accidents, determining the direct cause and the indirect causes, arriving at the proper corrective action, preparing the report, and submitting it as prescribed by the Contracting Officer. Corps representatives must be satisfied with all facets of the report before forwarding it to higher authority. In cases where a board of investigation is required, the contractor's report will be given to the board for their information.

5. ENG Form 3394 will be prepared in accordance with the instructions below:

a. The FOA experiencing the accident must investigate and complete this report. Complete only shaded items for military nonfatal, off-duty accidents not involving Army operations or material. Complete only applicable shaded items for fatal accidents to members of the public. These are 1 through 6, 10, 11, 17, 18, 23, 37, 38 and 58 (CE interest only). Complete a separate report for each person involved including items 1 through 5 and Section A. See para 5f below. For all other accidents, complete all items except those marked for Safety Staff or Safety Center use only. Type or print the report. Items may be continued on an attached sheet. Items not in the instructions are self-explanatory.

(1) Item 1a. UIC. FOA SOHO only will complete this item.

(2) Item 1b. Description. Insert the district or separate FOA name. Do not name field elements.

b. Item 2. Time and Date of Accident. If unknown, estimate. For time use 24 hour clock time; e.g. 1600, not 4:00 pm.

c. Item 3. Time of Day. Dawn is between first light and official sunrise. Dusk is between official sunset and night. If unknown, estimate.

d. Item 4. Location. Self explanatory.

e. Item 5. Exact Location of Accident. Enter facts needed to locate the accident. The exact location of the accident should include the type of location. EXAMPLE: TANNER CREEK Sewage Treatment Lift Station #3, Multnomah County, Oregon.

f. Item 6. Name. This item must be completed for each report. Personnel involved are:

(1) Persons who were injured in the accident.

(2) Persons who made errors that caused or contributed to the accident.

(3) The property custodian or the hand receipt holder in cases where no one was injured or made errors. In Section A complete only items 6, 7 and 8 in these cases.

(4) Exception. Do not report the name of vehicle/equipment operators who were not injured or who did not make errors that caused or contributed to the accident. Report names of these persons in item 35.

g. Items 7 and 9. Complete these items for Corps of Engineers Government personnel only. Government personnel are Corps of Engineers assigned military personnel or civilian employees (US and Foreign National).

h. Item 8. Social Security Number. Report a personal identification number for each government employee involved.

i. Item 12. MOS or Civilian Job Title. For military MOS, give the full series number including the alphabetic character, e.g., 15A30 or 11G50. For Government employees, give full job series number, e.g., WB35566, GM018. Do not give the job title. Obtain the MOS or job series number from the person's personnel file. For contractor employees, indicate trade name such as carpenter, laborer, surveyor, etc.

j. Item 13. Flight Status. This item will be used to report only current military flight status. Check "NO" on all others.

k. Item 14. Duty Status. Complete only for Government employees.

l. Item 15. No. of Hours on Continuous Duty Before Accident. Continuous duty means time since the person reported for work. In cases of extended operations, such as emergency operations, continuous duty means the time since the person reported to work that day or that shift.

m. Item 16. No. of Hours Sleep in Last 24 Hours. Complete for Government employees only. Complete only for employees who have been on continuous duty for more than 8 hours before the accident.

n. Item 18. This Persons Activity/Task at the Time of the Accident. If the person was performing more than one activity at the time of the accident, record the one that is most relevant to the cause of the accident. For instance, activity of an injured person who was writing a report, while a passenger in a vehicle involved in an accident, would be reported as "passenger", not "preparing reports".

o. Items 19 thru 21. These items normally are not common to Corps of Engineers operations.

p. Item 22. Operational Category. Select the category from Table I-1 that best describes the overall mission of the activity or task listed in item 18.

Table I-1

Administrative; office	Medical
Maintenance; repair, services	Physical training;
Transportation; supply, disposal	recreation
Production; construction	Food services
Research; development, testing	Other operation
Emergency services; law enforcement	Personal; domestic
	Off duty

q. Items 23-28. If the person suffers more than one injury, report only the most severe injury.

r. Item 26. Type/Nature of Injury/Occupational Illness. Select the most appropriate term from the list below. When appropriate, the description should also include the result of the injury. For example, state: asphyxiation--drowned; blister--infection; concussion--unconsciousness; noise--hearing loss.

Burns (chemical)
First Degree

Wounds
Abrasion (Scraping)

Burns (chemical) (Contd)

Second Degree
Third Degree
Fourth Degree

Burns (Thermal)

First Degree
Second Degree
Third Degree
Fourth Degree

Dismemberments

Amputation
Avulsion (Evisceration)
Decapitation

Environmental Exposure

Decompression/Bends
Frostbite
Heat Exhaustion
Heatstroke
Hypothermia
Immersion Foot
Noise
Radiation (Other than Burns)

Environmental: Intake

Asphyxiation (Suffocation)
Hypoxia

Fractures

Chip
Compound
Compression
Crushed/Depressed
Incomplete (Greenstick)
Simple

Stress Injuries

Dislocation
Sprain (wrenching of joint
with stretching or tearing
of ligaments)

Syncope (Fainting)
or muscles

Wounds

Bite
Blister
Contusion (Bruise, Hematoma)
Crushed
Laceration/Cut
Puncture, Perforation, or
Penetration
Transection (Cut across)

Miscellaneous

Collapsed Lung
Concussion
Dermatitis
Exhaustion (Physical exhaustion
not related to heat or cold)
Herniation/Rupture
Inflammation (Irritation)
Multiple Fatal Injuries
Internal Injury
Multiple Injuries

Results of Injury/Illness

Amnesia
Cardiac Arrest
Drowned
Edema
Embolism
Emphysema
Exsanguination
Hearing Loss (Acute)
Hemorrhage
Hemo-pneumothorax
Hemothorax
Infection
Occlusion
Paralyzed
Pneumoconioses
Pneumothorax
Poisoning
Shock Due to Trauma (Emotional
or Physical)
Strain (stretched ligaments)
Unconsciousness
Vision Loss
Repeated Trauma Disorders (specify)
Other Occupational Illness (specify)

s. Item 27. Body Part Affected. Select the most appropriate term from the list below. The description should be in three parts: Body Part--Aspect--Qualifier (example: upper arm--left--bone; back--lower--muscles; foot--right--skin).

Body in General

Head

Head Less Face
Brain
Ears
Hair
Scalp
Skull
Temple

Face

Cheeks
Eyes
Forehead
Jaws
Lips
Mouth
Nose
Teeth
Tongue
Gums
Chin

Neck

Esophagus
Larynx
Trachea
Vertebrae

Trunk

Abdomen
Colon
Gall Bladder
Intestines
Kidney
Liver
Pancreas
Spleen
Stomach
Back
Scapula
Spinal Cord
Vertebrae

Trunk (continued)

Chest
Clavicle
Diaphragm
Heart
Lungs
Mammary
Ribs/Side
Sternum

Pelvis

Bladder
Buttocks
Genitalia
Hip
Rectum/Anus
Rectum/Anus

Upper Extremities

Upper Arm
Shoulder
Elbow
Lower Arm
Wrist
Hand
Finger
Knuckle
Thumb

Lower Extremities

Upper Leg
Knee
Lower Leg
Ankle
Foot
Arch
Ball
Heel
Toes

t. Item 28. Cause of Injury/Occupational Illness.

(1) Use one of the events listed in Table I-2 below.

(2) Underline the thing or agent that actually caused injury or illness.

Example: "Struck against door" "exposure to noise."

Table I-2

Struck against	Bodily reaction due to . . .
Struck by.	Overexertion
Fell from elevation onto . . .	Exposure to
Caught in/under/between . . .	External contact with. . . .
Rubbed/abraded by.	Inhaled.

u. Item 30. This Persons Errors Which Caused or Contributed to the Accident.

(1) Select the most appropriate key word from the list below.

(2) In a sentence describe and underline the error selected, e.g., "Due to improper attention, Ms. Jones did not yield the right of way."

- | | |
|---|--|
| Inadequate inspection/search | Improper decision |
| Improper attention | Inadequate improvising/troubleshooting/
problem solving |
| Failed to recognize | Failed to follow procedures/orders/laws |
| Misjudged clearance/speed/weight/
size | Failed to comply with general rules/
principles |
| Misinterpreted | Improper simple physical action |
| Failed to anticipate | Improper complex physical action |
| Inadequate planning | Inadequate communication |

v. Item 31.a. List All Damaged Property Involved In The Accident.

(1) List all motor vehicles and heavy equipment contributing to the accident whether damaged or not. If accident involved Army operations, show cost of any damage (recordable cost). Property involved includes non-Army as well as Army property. Enter the dollar cost of damage to non-Army property in item 31c only if the damage resulted from an Army operation. Property should be listed in this section only when it is damaged in the accident, or its misuse contributed to the accident. For example:

(a) A Blank Manufacturing Co. Model 85T crane was damaged. Enter: Blank Manufacturing Co. Model 85T crane.

(b) A 1-1/2 ton Ford Stake Bed Truck struck and injured a pedestrian. Even if the vehicle was not damaged it should be entered in this item (use or misused).

(c) An off-duty military member was injured when he hit a utility pole with his POV, a 1965 Chevrolet. Enter the 1965 Chevrolet but do not enter a property damage charge since damage was not the result of Army operations.

(2) Dredging event common to the dredging operations, such as bent hopper door gate rods, bent propellers, damage to drag pipe, etc., at the discretion of the Division or District Commanders may be exempt from mishap reporting requirements when all of the conditions listed in (a) through (d) below are met. Such a determination will be documented by a memorandum for record and filed in the District or Division Mishap and Incident case files as a non-recordable event.

(a) The event occurred in the dredging or disposal site in the course of prudent dredging and disposal operation by the dredge officers and crew.

(b) The event did not involve injury to personnel.

(c) The event did not result in second or third party property damage.

(d) The event did not require dredge damage inspection by a US Coast Guard Board of Review.

(3) Damage to protective structures such as fenders, dolphins and guardrails, at the discretion of the Division or District Commander, may be exempt from mishap reporting requirements when the conditions listed in (a) and (b) below are met. The event will be documented as described in paragraph (2) above.

(a) The damage to the protective structure is the only Government owned property that is damaged.

(b) The event probably will not result in a claim against the Government.

(4) A person was injured by falling from a ladder. The type ladder used (fixed, portable, wood, step, etc.) will be entered.

w. Item 32. Material Failure(s)/Malfunction(s) Which Caused or Contributed to the Accident. In a sentence describing the failure/ malfunction, use a term selected from the list below. Underline the failure/malfunction. For example, "D9 Cat fuel line connector vibrated loose and sprayed fuel over the engine, causing a fire."

MATERIAL FAILURES/MALFUNCTIONS

Overheated/burned/melted	Overpressured/burst
Froze (temperature)	Pulled/stretched
Obstructed/pinched/clogged	Twisted/torqued
Vibrated	Compressed/hit/punctured
Rubbed/worn/frayed	Bent/warped
Corroded/rusted/pitted	Sheared/cut
Decayed/decomposed	Electric current action

x. Item 33. Control Number for the EIR Covering Each Failure/Malfunction. This item is applicable only for Army materiel. TM 38-750 includes Equipment Improvement Report (EIR) submission requirements. (Safety is not the proponent for the EIR; but when an EIR is issued by another function its control number should appear on appropriate accident reports.)

y. Item 34. Environmental Conditions Which Caused or Contributed to the Accident. In the sentence describing the environmental condition, the condition listed must be selected from the list below. Underline the condition. For example, "Driver's vision was restricted by fog." The sentence must identify the person and/or materiel affected by the environmental condition.

Environmental Conditions

Illumination	Vibration
Precipitation	Radiation
Contaminants.	Work surface
Noise	Air pressure
Temperature/humidity	Electricity
Wind/turbulence	

z. Item 35. Fully Describe The Accident. In the sequence of events:

(1) Point out each error that caused or contributed to the accident. Give the name of the person who contributed to the error.

(2) Show the relationship of people involved to materiel listed in item 31. For example, "Ms. Jones, passenger in a Dodge Sedan ..."; "Mr. Smith was refueling a lawn mower ..."

(3) Tell how environmental condition(s) affected personnel or materiel. For example, "Mr. Garrett's vision was restricted by dust ..."; "Extreme low temperature caused the water pipe to burst ..."

(4) The sequence of events gives the best overall "picture" of the accident. Do not let the size of block 35 restrict the description. Continue on an attached sheet.

aa. Item 36. Action Taken, Anticipated, or Recommended to Correct the Cause(s) of this Accident. Show not only action toward the individual most closely associated with the accident, but also action toward correction of supervisory, managerial and systemic errors. Include action to disseminate lessons learned to other personnel/worksites/FOA.

bb. Item 37. Signature of Command Representative. The signature of the lowest level manager responsible for investigating and reporting the accident.

cc. Item 38. Command Review.

dd. Item 38a. Reviewed and signed by the rater of the person signing Item 37. If District Commander, leave blank.

ee. Item 38b. Reviewed and signed by District Commander.

ff. Item 38c. Reserved for Division Commander or his representative.

gg. Item 39 thru 46. These items are completed by the FOA SOHO. When Item 39 indicates a change, 1, 2, 6, and 8 also must be completed.

hh. Item 40. MACOM. Enter USACE.

ii. Item 41. Local Report Number. Each FOA will number the reports serially starting each year on 1 October. Local FOA numbers will be assigned as follows: Government: 001 thru 400, Contractor: 401 thru 800; Public: 801 thru 999.

jj. Item 42. Accident Type. Select from Table I-3 the type that best describes this accident. Types are listed in order of precedence to help pick one when more than one applies.

Table I-3

Government motor vehicle	Fire
Army combat vehicle	Chemical
USACE operated vehicle or aircraft	Explosive
Privately owned vehicle	Missile
Marine diving	Radiation
Marine underway	Nuclear
Marine not underway	Personal injury - other
Other USACE vehicle	Property damage - other

kk. Item 43. Type of Vehicle Collision. Describe the type of vehicle collision. For example, ran off road and overturned, head-on collision, sideswipe, or vehicle struck pedestrian.

ll. Item 45. Special Requirements. This item will be completed only when special requirements are issued by CEEC-S.

mm. Item 47. Training Completed. Complete for Government personnel only. For example, Union developed safety training course; Dept. of Labor course in Construction safety; Corps developed course in construction safety; AGC construction safety course; Boating safety; Corps Diving School; No appropriate training. Driver refresher or DOC within 1, 2, or 3 years; more than 3 years; had not received driver training of any type.

nn. Item 49. Safety Requirement Violated. List, in order of importance, up to three paragraph numbers selected from EM 385-1-1. For example: A collapsed crane boom might involve overloading, 18.C.03.; failure to perform daily inspection, 18.A.02.; and operation by a non-designated person, 18.A.06.

oo. Items 50 thru 56. These items pertain only to navigation accidents and are self explanatory.

pp. Item 57. Office Assigned. This item will be completed only for Corps of Engineers persons. Enter the name of the applicable Division and Branch.

Example: Construction Division, Operations Branch.

qq. All of Section H (items 62-64) will be completed.

rr. The direct cause and the indirect causes will be entered in item 63 for all accidents. For example, Direct cause: Dozer operator falling from work platform. Indirect causes: 1. Dozer engine overheating. 2. Radiator coolant low. 3. Radiator leaking coolant. 4. Lack of adequate maintenance schedule. 5. Supervisor's failure to enforce EM 385-1-1 requirements. 6. Contracting Officer's failure to enforce contract requirements.

6. Accident report files, ENG Form 3394, and Board Investigation Reports are exempt from release under the Freedom of Information Act and will not be released by Corps offices. Ref OCE Suppl 1 to AR 385-40, 8 Oct 84.

7. The following are definitions and interpretations of terms used in accident reporting.

a. Army. Corps of Engineers (includes contract activities).

b. Government employee. Any person employed by the Corps of Engineers and paid from appropriated funds or other funds available to the Chief of Engineers.

c. Contractor employee. Any person paid by contractor (prime or sub) and doing work within the scope of a contract under the jurisdiction of the Corps.

d. Military personnel. Commissioned and enlisted personnel under command of the Chief of Engineers.

e. Other person. All persons other than those defined in subparas b-d above.

f. Disabling injury. An injury, including occupational disease, which results in death, permanent total disability, permanent partial disability, or temporary total disability.

g. Government motor vehicle. All Government-owned or rented vehicles, including privately-owned vehicles authorized for use on official travel orders.

h. Government motor vehicle accident. An accident involving any vehicle defined in subpara g which results in injury to any person or damage to any vehicle or other property.

8. All reports received in CEPOD-SO more than 30 days after the date of the accident will be considered late.

9. Completed forms CA-1 and CA-2 will be routed through the SOHO to the Personnel Office. A log and follow-up will be maintained by each SOHO to ensure that all incidents appearing on CA Forms have been properly reported on ENG Form 3394.

10. The Division Chief, SOHO will be notified by the most expeditious means of any accident resulting in:

a. Fatality or permanent total disability injury to or involving on-duty military, Government, or contractor personnel; also off-duty if on premises or incident to a Corps of Engineers activity or operations.

- b. Mishaps in which five or more persons are hospitalized.
 - c. Damage of \$50,000 or more to Corps of Engineers or contractor property and/or equipment.
 - d. Any mishap, regardless of the consequences, if it is suspected that it will cause unfavorable criticism of either the Corps or the Army or provoke questions at the Washington level.
 - e. All recordable accidents in the PODO/HED.
11. Telephonic notification information will include:
- a. Name of employee(s) killed or injured, and job classification.
 - b. Identification of property and/or equipment damaged and dollar estimate of damage.
 - c. Date and time of accident.
 - d. Location of accident, including project, area, facility, or building number.
 - e. If contractor accident, the name of contractor or sub-contractor, if applicable, and the contract number.
 - f. A brief description of accident, including how, what, why, etc., accident happened. Description should be clear and concise.
 - g. Any other information considered pertinent.
12. Mishap Reports covering either contractor or Government accidents will be submitted to the appropriate SOHO within 10 work days after the mishap occurs. Resident/Project Engineers will submit reports through Chief, Construction-Operations Division (POD), or Chief, Construction Division (District Offices).
- The Division SOHO will notify CEEC-S in accordance with OCE Supplement 1 to AR 385-40.
13. Reports received in CEPOD-SO after the last working day of any month will be included in the following month's experience.
14. Monthly exposure reports for contractors will be submitted to the District SOHO by the Resident/Area Engineers, etc., responsible for the contract work. District SOHO's will submit consolidated exposure reports to CEPOD-SO by the last day of the month being reported. ENG Form 1600 will be used for forwarding this information.
15. Guidelines to aid in the investigation of specific types of accidents are given in examples of this appendix.

GUIDELINES FOR THE SELECTION AND OPERATION OF BOARDS OF INVESTIGATION FOR ACCIDENTS:

1. The Board of Investigation is to be appointed by the District Commander.
2. Members are not restricted to Division/District employees.
3. The Chairman should be of at least equal grade as the person responsible for the installation where the incident occurred, e.g., a GS-13 or higher would chair the investigation in another GS-13's area of responsibility.
4. When possible, the members should not belong to the organization being charged with the accident.
5. They should be familiar with the type of activity being performed at the time of the accident.
6. Sworn testimony should not be obtained, nor should statements be included in the report (you may include a synopsis of the statement if you wish). Rather, the Board should make notes and from their notes draw conclusions and make recommendations.
7. Witnesses should not be listed by name, rather they should be referred to as "Witness No. 1, a bulldozer operator having 8 years experience..."
8. Witnesses should be questioned privately, never in the presence of their supervisors.

GUIDELINES FOR INVESTIGATION OF SPECIFIC TYPES OF ACCIDENTS

1. Structural Accidents. Investigation of accidents where there is a question of structural adequacy will include the following elements and incorporate the findings in the report:

- a. Copy of pertinent drawings and specifications under which construction is being or was accomplished, whether OCE standard or otherwise.
- b. Field modifications of standard drawings and alterations since the structure was built.
- c. Detailed description of the nature of the failure. Best possible description of the loading, including wind or other unusual loading at the time of failure, to serve as a basis for the quantitative estimate of the load.
- d. Description and sketches of temporary bracing.
- e. Detailed description of the physical status of uncompleted construction.
- f. Any other special features, such as age, etc., considered applicable to proper evaluation of the report.

2. Mechanical Equipment Accidents. Investigation of accidents where failure of mechanical equipment is the cause or a principal factor will include when pertinent:

- a. Manufacture, type, age, model, and capacity.
- b. Any significant modification made not in accordance with the manufacturer's recommendation.
- c. Quality of maintenance as indicated by appearance and condition.
- d. Controls in effect to prevent overload or overstress.
- e. Records available to indicate age and extent of service for wearing parts, such as wire rope, tires, clutches, linkage.
- f. Laboratory tests of parts where failure may be due to defects and defects are not visually apparent.
- g. Safety factors for adequate operating control not provided for in design.

3. Electrical Accidents. Reports will include all pertinent information and data regarding the accident, the electrical system, and equipment involved necessary to provide a satisfactory explanation from an electrical standpoint of the cause of the accident. Procedures and data will include, but not be limited to, the following:

- a. Personnel assigned to investigate serious nonfatal accidents will include at least one journeyman electrician or electrical engineer who is familiar with the class of equipment involved in the accident.
- b. Boards of Investigation investigating fatal electrical accidents will include at least one electrical engineer who is familiar with the class of equipment involved in the accident.

c. All electrical tests required in the investigation of electrical accidents will be performed by, or under the direct supervision of, a journeyman electrician or electrical engineer.

d. Reports of fatal or serious nonfatal electrical accidents will include, but not be limited to, the following:

(1) A line diagram of the electrical circuit and equipment involved in the accident. The diagram should include complete equipment and circuit rating data, system and equipment grounding, and type and rating of protective devices.

(2) A report of electrical tests made during the investigation including data on the test instruments used and diagrams, if required, to describe the electrical connections for the tests.

(3) A report of any conditions prior to the accident, such as electrical troubles, or adverse weather conditions, which may have contributed to the accident or help provide an explanation for its cause.

4. Fires. The investigation of fires will include all pertinent factors contributing to the origin and spread of the fire. Operation, equipment, material, and physical and structural arrangement involved will be clearly and positively established.

5. Radiological Incidents.

a. Loss of control over radioactive material must be thoroughly investigated immediately, utilizing special investigative techniques and radiation instruments to determine scope and degree of hazard. Any loss or theft of radioactive material under such circumstances that a substantial hazard may result to persons in unrestricted areas, or to persons unknown, will be immediately brought to the attention of higher authority, local authorities who can assist in recovery, and others having a primary interest, such as the manager of the nearest AEC Operations Office in the case of licensed material.

b. The investigation of an accident involving loss of control over radioactive material or overexposure to radiation will include determination of the following data for inclusion in the report.

(1) The known or probable extent of exposure of persons to radiation, including possibility and probability of ingestion, inhalation, or other entry of radioactive material into the body. Each exposed person should be listed by name, duties, and level of exposure.

(2) The dosage rate levels, identity of isotopes and activity or concentration of radioactive materials involved.

(3) The operations and facilities involved, and the emergency measures taken.

(4) The causes of the incident and contributing factors, with the corrective steps taken or planned to assure against a recurrence.

(5) The materials or facilities damaged or contaminated and cost involved.

UNITED STATES ARMY CORPS OF ENGINEERS
ACCIDENT INVESTIGATION REPORT
(USACE SUPPL 1 to AR 385-40)

REQUIREMENTS
CONTROL
SYMBOL
(DAEN-SO-8 (R2))

NOTE: SPACES, BELOW, DEFINED BY HEAVY LINES ARE FOR "SAFETY CENTER USE ONLY."

1. UNIT IDENTIFICATION		2. TIME AND DATE OF ACCIDENT				3. TIME OF DAY (FOR USE)		4. LOCATION	
a. UIC	b. DESCRIPTION	a. YEAR	b. MONTH	c. DAY	d. HOUR	<input type="checkbox"/> a. DAWN	<input type="checkbox"/> b. DAY	<input type="checkbox"/> c. DUSK	<input type="checkbox"/> d. NIGHT
(SAFETY OFFICE USE ONLY)		If unknown, estimate				24 hr clock			
5. EXACT LOCATION OF ACCIDENT									
The exact location should include the type location. For instance: TANNER CREEK Sewage Treatment Lift Station #3 Multnomah County, Oregon									

SECTION A - PERSONNEL INVOLVED

6. NAME (Last, First, Middle Initial) This item must be completed for each report. Personnel involved are: those injured; those injured; those making errors that caused or contributed, or the property custodian if no injuries or errors				7. ADDRESS (For official address for all Government personnel)			8. SOCIAL SECURITY NUMBER		
Complete for Corps of Engrs assigned military or civilian employees only.				Report ID No. for each person involved					
9. GRADE (Corps Only)	10. AGE Nearest year	11. SEX <input type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	12. UIC OR CIVILIAN JOB SERIES Full No.	13. FLIGHT <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	14. DUTY STATUS <input type="checkbox"/> a. GOVT <input type="checkbox"/> b. MIL <input type="checkbox"/> c. CIVILIAN	15. NO. OF HOURS ON CONTINUOUS DUTY BEFORE ACCIDENT Time since reporting for		16. NO. OF HOURS SLEPT IN LAST 24 HOURS (If hours of duty, state them)	
								(Govt Empl Only)	

17. CLASSIFICATION AT TIME OF ACCIDENT (Check appropriate box)

<input type="checkbox"/> a. ACTIVE ARMY	<input type="checkbox"/> d. OTHER US MILITARY	NATIONAL GUARD:	<input type="checkbox"/> a. TECH	<input type="checkbox"/> b. IST	<input type="checkbox"/> c. AT	<input type="checkbox"/> d. PTD	<input type="checkbox"/> e. LTB	<input type="checkbox"/> f. ADT
<input type="checkbox"/> b. ARMY CIVILIAN	<input type="checkbox"/> e. ROTC	ARMY RESERVE:	<input type="checkbox"/> g. IST	<input type="checkbox"/> h. AT	<input type="checkbox"/> i. ADT	<input type="checkbox"/> j. STW		
<input type="checkbox"/> c. ARMY CONTRACTOR	<input type="checkbox"/> f. DEPENDENT	FOREIGN NATIONAL:	<input type="checkbox"/> k. DIRECT HIRE	<input type="checkbox"/> l. CONTRACT HIRE		<input type="checkbox"/> m. NATUSA		
<input type="checkbox"/> g. NONAPPROPRIATED FUND		<input type="checkbox"/> n. OTHER (Specify)						

18. THIS PERSON'S ACTIVITY/TASK AT TIME OF ACCIDENT
or instance: Passenger in motor veh
or climbing thru manhole.

19. IF THIS PERSON'S ACTIVITY WAS NECESSARY PART OF TRAINING GIVE TYPE

<input type="checkbox"/> a. BASIC (School)	<input type="checkbox"/> c. ADVANCED (School)	<input type="checkbox"/> d. OTH (Linn)
<input type="checkbox"/> b. PROFICIENCY (Linn)	<input type="checkbox"/> e. OTHER (Specify)	

(Normally not common to Corps operations)

20. WAS THIS PERSON'S ACTIVITY PART OF FIELD EXERCISE? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	21. WAS THIS PERSON'S ACTIVITY PART OF TACTICAL TRAINING? <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO	22. OPERATIONAL CATEGORY (Identify operational category that best describes the overall mission at time of accident) For instance: Administrative, Construction, Research, Food services, etc.
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23. SEVERITY OF INJURY TO THIS PERSON (Check only one)

<input type="checkbox"/> a. FATAL	<input type="checkbox"/> b. PERMANENT TOTAL DISABILITY	<input type="checkbox"/> c. PERMANENT PARTIAL DISABILITY	<input type="checkbox"/> d. LOST WORKDAY CASE - DAYS AWAY FROM WORK
<input type="checkbox"/> e. LOST WORKDAY CASE - RESTRICTED WORK ACTIVITY	<input type="checkbox"/> f. NONFATAL CASE WITHOUT LOST WORKDAYS	<input type="checkbox"/> g. MISSING AND PRESUMED DEAD	
<input type="checkbox"/> h. FIRST AID ONLY		<input type="checkbox"/> i. NO INJURY	

24. WORKDAYS LOST (Minimum)	25. WORKDAYS RESTRICTED (Minimum)	26. TYPE/NATURE OF INJURY/OCCUPATIONAL ILLNESS For instance: Laceration	27. BODY PART AFFECTED For instance: Right Ear
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28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS Use one of the events below: Struck against... Bodily reaction due to... Struck by... Overexertion... Fell from elev onto... Exposure to... Fell from same level onto... External contact with... Caught in/under/between... Ingested/inhaled... Rubbed/abraded by...	29. VEHICLE RESTRAINT SYSTEM Complete for all accidents. <input type="checkbox"/> a. USED <input type="checkbox"/> b. NOT AVAILABLE <input type="checkbox"/> c. NOT APPLICABLE <input type="checkbox"/> d. AVAILABLE BUT NOT USED
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30. THIS PERSON'S ERRORS WHICH CAUSED OR CONTRIBUTED TO THE ACCIDENT (If number of errors and by whom)

EXAMPLE: The injured man failed to securely latch the manhole cover when he opened it to enter the pumping pit of the sewage treatment plant during an OSH inspection.

SECTION B - PROPERTY AND/OR MATERIEL INVOLVED

31. LIST ALL PROPERTY INVOLVED IN THE ACCIDENT WHETHER DAMAGED OR NOT. IF ACCIDENT INVOLVED ARMY OPERATIONS, SHOW COST OF ANY DAMAGE

NO.	NAME OF ITEM (Component Number, etc., Name, Type, Model)	OWNERSHIP	AMOUNT OF DA.
1	If a vehicle's misuse contributed to the accident, it should be		
2	identified even though there was no damage to the vehicle.		
3			

32. MATERIAL FAILURE(S)/MALFUNCTION(S) WHICH CAUSED OR CONTRIBUTED TO THE ACCIDENT (To be filled and how it failed)

In a sentence describing the failure/malfunction, underline the failure or malfunction. For example: "09 Cat Fuel line connector vibrated loose and sprayed fuel over the engine, causing a fire."

33. CONTROL NUMBER FOR THE AIR COVERING EACH FAILURE, MALFUNCTION (Block 2 of SF 388) (Leave Blank)

SECTION C - ENVIRONMENTAL CONDITIONS INVOLVED

34. ENVIRONMENTAL CONDITION(S) WHICH CAUSED OR CONTRIBUTED TO THE ACCIDENT

Example: "The driver's vision was restricted by fog." The sentence must identify the person and/or materiel affected by the environmental condition.

SECTION D - DESCRIPTION AND CORRECTIVE ACTION

35. FULLY DESCRIBE THE ACCIDENT (When materiel is listed in item 31, tell how involved personnel are related to it.)

Point out each error that caused or contributed to the accident. Give the name of the person who contributed to the error. Show the relationship of people involved to material listed in item 31. EXAMPLE: "Mrs Jones, passenger in Dodge Sedan....." "Mr. Smith was refueling lawn mower..." Tell how environmental conditions contributed. EXAMPLE: "Mr. Garrett's vision was restricted by dust...." The sequence of events give the best "picture" of the accident. Do not let the size of block 35 restrict the description. Continue on an attached sheet of paper.

36. ACTION TAKEN AND PLANNED OR RECOMMENDED TO CORRECT THE CAUSE(S) OF THIS ACCIDENT

Show action not only toward the individual most closely associated with the accident, but also toward correction of supervisory, managerial and systemic errors. Assure that action taken eliminates the direct cause and the indirect causes identified & listed in item 63.

37. SIGNATURE OF COMMAND REPRESENTATIVE (Lowest level manager responsible for investigating and reporting the accident)	38. COMMAND REVIEW "Rater of person signing item 37" District Commander	"Division Commander"
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SAFETY STAFF USE ONLY

39. REPORT SUBMISSION <input type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE	40. MACOM	41. LOCAL REPORT NUMBER	42. ACCIDENT TYPE	43. TYPE OF VEHICLE COLLISION
44. SAFETY STAFF POINT OF CONTACT (Include phone name and no.)	45. SPECIAL REQUIREMENTS			46. DATE REPORT (Yr, Mo, Day)

SECTION E - SUPPLEMENTAL DATA

47. TRAINING COMPLETED (Government personnel only) EXAMPLE: Union develop safety training course; Dept. of Labor course in construction safety; Corps developed course in construction safety; AGC construction safety course; Boating safety; Corps Diving School; No appropriate training. Driver refresher or DOC within 1, 2, or 3 years; more than 3 years; had not received driver training of any type.

48. PHASE OF CONSTRUCTION (Construction activities only)

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> MOBILIZATION | 8. <input type="checkbox"/> STEEL ERECTION | 15. <input type="checkbox"/> UTILITIES |
| 2. <input type="checkbox"/> SITE PREPARATION | 9. <input type="checkbox"/> SCAFFOLDING | 16. <input type="checkbox"/> MECHANICAL |
| 3. <input type="checkbox"/> EXCAVATION AND EARTHWORK | 10. <input type="checkbox"/> ROOFING | 17. <input type="checkbox"/> TUNNELING |
| 4. <input type="checkbox"/> FOUNDATION | 11. <input type="checkbox"/> CARPENTRY, EXTERIOR | 18. <input type="checkbox"/> DEMOLITION |
| 5. <input type="checkbox"/> FORMING | 12. <input type="checkbox"/> CARPENTRY, INTERIOR | 19. <input type="checkbox"/> WAREHOUSING |
| 6. <input type="checkbox"/> FRAMING | 13. <input type="checkbox"/> TRIM, EXTERIOR | 20. <input type="checkbox"/> OTHER |
| 7. <input type="checkbox"/> CONCRETE PLACEMENT | 14. <input type="checkbox"/> TRIM, INTERIOR | |

49. SAFETY REQUIREMENT VIOLATED (See EM 385-1-1)

List, in order of importance, up to 3 para numbers from EM 385-1-1.

SECTION F - NAVIGATION MISHAPS

50. COAST GUARD LICENSE

1. YES 2. NO

51. NUMBER OF BARGES

LOADED LIGHT

52. H.P. OF TOW

1. UP TO 1000
 2. 1001-3000
 3. 3001-5000
 4. 5001-7500
 5. 7501 AND UP

53. GROSS TONNAGE OF TOW

1. UP TO 6000 TONS
 2. 6001-9000 TONS
 3. 9001-12000 TONS
 4. 12001-15000 TONS
 5. 15001 AND OVER

54. COLLISION/MISHAP

- | | |
|-----------------------------|----------------------|
| 1. COLLISION W/OTHER VESSEL | 7. TOW BREAK UP |
| 2. UPPER GUIDE WALL | 8. SWEEP DOWN ON DAM |
| 3. UPPER LOCK GATES | 9. BUOY OR DOLPHIN |
| 4. LOCK WALL | 10. WHARFS & DOCKS |
| 5. LOWER LOCK GATES | 11. OTHER |
| 6. LOWER GUIDE WALL | |

PRIMARY SECONDARY

55. NAVIGATION AIDS

1. SUPERVISED
 2. NOT SUPERVISED

56. APPROACH

- | | |
|-------------------------------------|-------------------------------------|
| DOWN RIVER | UP RIVER |
| 1. <input type="checkbox"/> WAY ON | 3. <input type="checkbox"/> WAY ON |
| 2. <input type="checkbox"/> WAITING | 4. <input type="checkbox"/> WAITING |

SECTION G - CORPS OF ENGINEERS SPECIAL REQUIREMENTS

57. OFFICE ASSIGNED (Government personnel only)

(Corps of Engr employees only)

DIVISION

BRANCH

58. RESPONSIBILITY

IS RESPONSIBLE

YES

IS RESPONSIBLE ONLY TO THE EXTENT OF THE FEDERAL GOVERNMENT'S LIABILITY

YES

SECTION H - DETAILED ACCIDENT ANALYSIS

59. LOCAL REPORT NUMBER

60. TIME AND DATE OF ACCIDENT

a. YEAR

b. MONTH

c. DAY

d. HOUR

61. UNIT UIC

62. TELL WHAT HAPPENED

63. TELL WHAT CAUSED/ALLOWED IT TO HAPPEN

64. TELL WHAT TO DO ABOUT IT

1. All of Section H will be completed for ALL accidents.

2. The DIRECT CAUSE and the INDIRECT CAUSES will be entered in item 63 for ALL accidents:

EXAMPLE: Direct cause: Dozer operator falling from work platform.

Indirect causes: 1. Dozer engine overheating.

2. Radiator coolant low.

3. Radiator leaking coolant.

4. Lack of adequate maintenance schedule.

5. Supervisor's failure to enforce EM-385-1-1 requirements.

6. Contracting Officer's failure to enforce contract requirements.