(For Safety Staff only)	REPORT NO.	EROC CODE	UNITED STATES ARMY CORPS OF ENGINEERS ACCIDENT INVESTIGATION REPORT (For Use of this Form See Attached Instructions and USACE Suppl to AR 385-40)	REQUIREMENT CONTROL SYMBOL: CEEC-S-8(R2)

1. ACCIDENT CLASSIFICATION

PERSONNEL CLASSIFICATION	INJURY/ILLNESS/FATAL	PROPERTY DAMAGE	MOTOR VEHICLE INVOLVED	DIVING
GOVERNMENT ☐ CIVILIAN ☐ MILITARY	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ CONTRACTOR	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ PUBLIC	☐ FATAL ☐ OTHER		☐	

2. PERSONAL DATA

a. NAME (Last,First,MI)

b. AGE

c. SEX ☐ MALE ☐ FEMALE

d. SOCIAL SECURITY NUMBER ___ ___ ___ / ___ ___ / ___ ___ ___ ___

e. GRADE

f. JOB SERIES/TITLE

g. DUTY STATUS AT TIME OF ACCIDENT ☐ ON DUTY ☐ TDY ☐ OFF DUTY

h. EMPLOYMENT STATUS AT TIME OF ACCIDENT ☐ ARMY, ACTIVE ☐ ARMY RESERVE ☐ VOLUNTEER ☐ PERMANENT ☐ FOREIGN NATIONAL ☐ SEASONAL ☐ TEMPORARY ☐ STUDENT ☐ OTHER (Specify)

3. GENERAL INFORMATION

a. DATE OF ACCIDENT (month/day/year) / /

b. TIME OF ACCIDENT (Military time))

c. EXACT LOCATION OF ACCIDENT

d. CONTRACTOR'S NAME (1) PRIME: (2) SUBCONTRACTOR:

e. CONTRACT NUMBER ☐ CIVIL WORKS ☐ MILITARY ☐ OTHER (Specify)

f. TYPE OF CONTRACT ☐ CONSTRUCTION. ☐ SERVICE ☐ A/E ☐ DREDGE ☐ OTHER (Specify)

g. HAZARDOUS/TOXIC WASTE ACTIVITY ☐ SUPERFUND ☐ DERP ☐ IRP ☐ OTHER (Specify)

4. CONSTRUCTION ACTIVITIES ONLY *(Fill in line and corresponding code number in box from list - see instructions)*

a. CONSTRUCTION ACTIVITY (CODE)

b. TYPE OF CONSTRUCTION EQUIPMENT (CODE)

5. INJURY / ILLNESS INFORMATION *(Include name on line and corresponding code number in box for items e, f & g - see instructions)*

a. SEVERITY OF ILLNESS / INJURY (CODE)

b. ESTIMATED DAYS LOST

c. ESTIMATED DAYS HOSPITALIZED

d. ESTIMATED DAYS, RESTRICTED DUTY

e. BODY PART AFFECTED (CODE)
PRIMARY (CODE)
SECONDARY

f. NATURE OF ILLNESS / INJURY (CODE)

g. TYPE AND SOURCE OF INJURY/ILLNESS
TYPE (CODE)
SOURCE (CODE)

6. PUBLIC FATALITY *(Fill in line and corresponding code number in box - see instructions)*

a. ACTIVITY AT TIME OF ACCIDENT (CODE)

b. PERSONAL FLOATATION DEVICE USED? ☐ YES ☐ NO ☐ N/A

7. MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE ☐ PICKUP/VAN ☐ AUTOMOBILE ☐ TRUCK ☐ OTHER (Specify)

b. TYPE OF COLLISION ☐ SIDE SWIPE ☐ HEAD ON ☐ REAR END ☐ BROADSIDE ☐ ROLL OVER ☐ BACKING ☐ OTHER (Specify)

c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
(1) FRONT SEAT			
(2) REAR SEAT			

8. PROPERTY/MATERIAL INVOLVED

a. NAME OF ITEM	b. OWNERSHIP	c. $ AMOUNT OF DAMAGE
(1)		
(2)		
(3)		

9. VESSEL / FLOATING PLANT ACCIDENT *(Fill in line and corresponding code number in box from list - see instructions)*

a. TYPE OF VESSEL/FLOATING PLANT (CODE)

b. TYPE OF COLLISON/MISHAP (CODE)

10. ACCIDENT DESCRIPTION *(Use additional paper , if necessary)*

CAUSAL FACTOR(S) *(Read Instruction Before Completing)*

a. *(Explain YES answers in Item 13)*

	YES	NO
DESIGN: Was design of facility,workplace or equipment a factor?	☐	☐
INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor?	☐	☐
PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor?	☐	☐
OPERATING PROCEDURES: Were operating procedures a factor?	☐	☐
JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred?	☐	☐
HUMAN FACTORS: Did any human factors such as, size or strength of person, etc.,contribute to accident?	☐	☐
ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident?	☐	☐

a. *(CONTINUED)*

	YES	NO
CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust,fumes,mists,vapors or physical agents, such as, noise,radiation,etc.,contribute to accident?	☐	☐
OFFICE FACTORS: Did office setting such as, lifting office furniture,carrying,stooping,etc.,contribute to the accident?	☐	☐
SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task?	☐	☐
PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident?	☐	☐
DRUGS/ALCOHOL: In your opinion,was drugs or alcohol a factor to the accident?	☐	☐

b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT?

☐ YES *(If yes, attach a copy.)* ☐ NO

12. **TRAINING**

a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? ☐ YES ☐ NO

b. TYPE OF TRAINING. ☐ CLASSROOM ☐ ON JOB

c. DATE OF MOST RECENT FORMAL TRAINING. / / *(Month) (Day) (Year)*

13. **FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES** *(See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)*

a. DIRECT CAUSE

b. INDIRECT CAUSE(S)

14. **ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).**

DESCRIBE FULLY:

15. **DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.**

a. BEGINNING *(Month/Day/Year)* / /

b. ANTICIPATED COMPLETION *(Month/Day/Year)* / /

c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT	d. DATE *(Mo/Da/Yr)*	e. ORGANIZATION IDENTIFIER *(Div, Br, Sect)*	f. OFFICE SYMBOL
CORPS _____	___ / ___ / ___		
CONTRACTOR _____	___ / ___ / ___		

16. **MANAGEMENT REVIEW *(1st)*.**

a. ☐ CONCUR b. ☐ NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE

17. **MANAGEMENT REVIEW *(2nd - Chief Operations, Construction, Engineering, etc.)***

a. ☐ CONCUR b. ☐ NON CONCUR c. COMMENTS

SIGNATURE	TITLE	DATE

18. **SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW**

a ☐ CONCUR b. ☐ NON CONCUR c. ADDITIONAL ACTIONS/COMMENTS:

SIGNATURE	TITLE	DATE

19. **COMMAND APPROVAL**

COMMENTS

COMMANDER SIGNATURE	DATE

(Reverse of ENG Form 3394)

☆ U.S.G.P.O.: 1989- 626-113

GENERAL. Complete a separate report for each person who was *injured, caused,* or *contributed* to the accident (excluding uninjured personnel and witnesses). Use of this form for reporting USACE employee first-aid type injuries not submitted to the Office of Workers' Compensation Programs (OWCP) shall be at the descretion of the FOA commander. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es). If additional space is needed, provide the information on a separate sheet and attach to the completed form. Ensure that these instructions are forwarded with the completed report to the designated management reviewers indicated in sections 16. and 17.

INSTRUCTIONS FOR SECTION 1— ACCIDENT CLASSIFICATION. *(Mark All Boxes That Are Applicable.)*

a. GOVERNMENT. Mark "CIVILIAN" box if accident involved government civilian employee; mark "MILITARY" box if accident involved U.S. military personnel.

(1) INJURY/ILLNESS/FATALITY—Mark if accident resulted in any government civilian employee injury, illness, or fatality that requires the submission of OWCP Forms CA-1 (injury), CA-2 (illness), or CA-6 (fatality) to OWCP; mark if accident resulted in military personnel lost-time or fatal injury or illness.

(2) PROPERTY DAMAGE—Mark the appropriate box if accident resulted in any damage of $1000 or more to government property (including motor vehicles).

(3) VEHICLE INVOLVED—Mark if accident involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.

(4) DIVING ACTIVITY—Mark if the accident involved an in-house USACE diving activity.

b. CONTRACTOR.

(1) INJURY/ILLNESS/FATALITY—Mark if accident resulted in any contractor lost-time injury/illness or fatality.

(2) PROPERTY DAMAGE—Mark the appropriate box if accident resulted in any damage of $1000 or more to contractor property (including motor vehicles).

(3) VEHICLE INVOLVED—Mark if accident involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.

(4) DIVING ACTIVITY—Mark if the accident involved a USACE Contractor diving activity.

c. PUBLIC.

(1) INJURY/ILLNESS/FATALITY—Mark if accident resulted in public fatality or permanent total disability. (The "OTHER" box will be marked when requested by the FOA to report an unusual non-fatal public accident that could result in claims against the government or as otherwise directed by the FOA Commander).

(2) VOID SPACE—Make no entry.

(3) VEHICLE INVOLVED—Mark if accident resulted in a fatality to a member of the public and involved a motor vehicle, *regardless* of whether "INJURY/ILLNESS/FATALITY" is marked.

(4) VOID SPACE—Make no entry.

INSTRUCTIONS FOR SECTION 2—PERSONAL DATA

a. NAME—(MANDATORY FOR GOVERNMENT ACCIDENTS. OPTIONAL AT THE DISCRETION OF THE FOA COMMANDER FOR CONTRACTOR AND PUBLIC ACCIDENTS). Enter last name, first name, middle initial of person involved.

b. AGE—Enter age.

c. SEX—Mark appropriate box.

d. SOCIAL SECURITY NUMBER—(FOR GOVERNMENT PERSONNEL ONLY) Enter the social security number (or other personal identification number if no social security number issued).

e. GRADE—(FOR GOVERNMENT PERSONNEL ONLY) Enter pay grade. Example: O-6; E-7; WG-8; WS-12; GS-11; etc.

f. JOB SERIES/TITLE—For *government civilian employees* enter the pay plan, full series number, and job title, e.g. GS-0810/Civil Engineer. For *military personnel* enter the primary military occupational specialty (PMOS), e.g., 15A30 or 11G50. For *contractor employees* enter the job title assigned to the injured person, e.g. carpenter, laborer, surveyor, etc.,

g. DUTY STATUS—Mark the appropriate box.

(1) ON DUTY—Person was at duty station during duty hours or person was away from duty station during duty hours but on official business at time of the accident.

(2) TDY - Person was on official business, away from the duty station and with travel orders at time of accident. Line-of-duty investigation required.

(3) OFF DUTY - Person was not on official business at time of accident

h. EMPLOYMENT STATUS—(FOR GOVERNMENT PERSONNEL ONLY) Mark the most appropriate box. If "OTHER" is marked, specify the employment status of the person.

INSTRUCTION FOR SECTION 3—GENERAL INFORMATION

a. DATE OF ACCIDENT—Enter the month, day, and year of accident.

b. TIME OF ACCIDENT—Enter the local time of accident in military time. Example: 1430 hrs (not 2:30 p.m.).

c. EXACT LOCATION OF ACCIDENT—Enter facts needed to locate the accident scene. (installation/project name, building number, street, direction and distance from closest landmark, etc.,).

d. CONTRACTOR NAME

(1) PRIME—Enter the exact name (title of firm) of the prime contractor.

(2) SUBCONTRACTOR—Enter the name of any subcontractor involved in the accident.

e. CONTRACT NUMBER—Mark the appropriate box to identify if contract is civil works, military, or other: if "OTHER" is marked, specify contract appropriation on line provided. Enter complete contract number of prime contract, e.g., DACW 09-85-C-0100.

f. TYPE OF CONTRACT—Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.

g. HAZARDOUS/TOXIC WASTE ACTIVITY (HTW)—Mark the box to identify the HTW activity being performed at the time of the accident. For Superfund, DERP, and Installation Restoration Program (IRP) HTW activities include accidents that occurred during inventory, predesign, design, and construction. For the purpose of accident reporting, DERP Formerly Used DoD Site (FUDS) activities and IRP activities will be treated separately. For Civil Works O&M HTW activities mark the "OTHER" box.

INSTRUCTIONS FOR SECTION 4—CONSTRUCTION ACTIVITIES

a. CONSTRUCTION ACTIVITY—Select the *most appropriate* construction activity being performed at time of accident from the list below. Enter the activity name and place the corresponding code number identified in the box.

CONSTRUCTION ACTIVITY LIST

1. MOBILIZATION
2. SITE PREPARATION
3. EXCAVATION/TRENCHING
4. GRADING (EARTHWORK)
5. PIPING/UTILITIES
6. FOUNDATION
7. FORMING
8. CONCRETE PLACEMENT
9. STEEL ERECTION
10. ROOFING
11. FRAMING
12. MASONRY
13. CARPENTRY
14. ELECTRICAL
15. SCAFFOLDING/ACCESS
16. MECHANICAL
17. PAINTING
18. EQUIPMENT/MAINTENANCE
19. TUNNELING
20. WAREHOUSING/STORAGE
21. PAVING
22. FENCING
23. SIGNING
24. LANDSCAPING/IRRIGATION
25. INSULATION
26. DEMOLITION

b. TYPE OF CONSTRUCTION EQUIPMENT—Select the equipment involved in the accident from the list below. Enter the name and place the corresponding code number identified in the box. If equipment is not included below, use code 24, "OTHER", and write in specific type of equipment.

CONSTRUCTION EQUIPMENT

1. GRADER
2. DRAGLINE
3. CRANE (ON VESSEL/BARGE)
4. CRANE (TRACKED)
5. CRANE (RUBBER TIRE)
6. CRANE (VEHICLE MOUNTED)
7. CRANE (TOWER)
8. SHOVEL
9. SCRAPER
10. PUMP TRUCK (CONCRETE)
11. TRUCK (CONCRETE/TRANSIT MIXER)
12. DUMP TRUCK (HIGHWAY)
13. DUMP TRUCK (OFF HIGHWAY)
14. TRUCK (OTHER)
15. FORKLIFT
16. BACKHOE
17. FRONT-END LOADER
18. PILE DRIVER
19. TRACTOR (UTILITY)
20. MANLIFT
21. DOZER
22. DRILL RIG
23. COMPACTOR/VIBRATORY ROLLER
24. OTHER

INSTRUCTIONS FOR SECTION 5—INJURY/ILLNESS INFORMATION

a. SEVERITY OF INJURY / ILLNESS - Reference para 2-10 of USACE Suppl 1 to AR 385-40 and enter code and description from list below.

NOI NO INJURY
FAT FATALITY
PTL PERMANENT TOTAL DISABILITY
PPR PERMANENT PARTIAL DISABILITY
LWD LOST WORKDAY CASE INVOLVING DAYS AWAY FROM WORK
NLW RECORDABLE CASE WITHOUT LOST WORKDAYS
RFA RECORDABLE FIRST AID CASE
NRI NON-RECORDABLE INJURY

b. ESTIMATED DAYS LOST—Enter the estimated number of workdays the person will lose from work.

c. ESTIMATED DAYS HOSPITALIZED—Enter the estimated number of workdays the person will be hospitalized.

d. ESTIMATED DAYS RESTRICTED DUTY—Enter the estimated number of workdays the person, as a result of the accident, will not be able to perform all of their regular duties.

e. BODY PART AFFECTED—Select the most appropriate primary and when applicable, secondary body part affected from the list below. Enter body part name on line and place the corresponding code letters identifying that body part in the box.

GENERAL BODY AREA	CODE	BODY PART NAME
ARM/WRIST	AB	ARM AND WRIST
	AS	ARM OR WRIST
TRUNK, EXTERNAL MUSCULATURE	B1	SINGLE BREAST
	B2	BOTH BREASTS
	B3	SINGLE TESTICLE
	B4	BOTH TESTICLES
	BA	ABDOMEN
	BC	CHEST
	BL	LOWER BACK
	BP	PENIS
	BS	SIDE
	BU	UPPER BACK
	BW	WAIST
	BZ	TRUNK OTHER
HEAD, INTERNAL	C1	SINGLE EAR INTERNAL
	C2	BOTH EARS INTERNAL
	C3	SINGLE EYE INTERNAL
	C4	BOTH EYES INTERNAL
	CB	BRAIN
	CC	CRANIAL BONES
	CD	TEETH
	CJ	JAW
	CL	THROAT, LARYNX
	CM	MOUTH
	CN	NOSE
	CR	THROAT, OTHER
	CT	TONGUE
	CZ	HEAD OTHER INTERNAL
ELBOW	EB	BOTH ELBOWS
	ES	SINGLE ELBOW
FINGER	F1	FIRST FINGER
	F2	BOTH FIRST FINGERS
	F3	SECOND FINGER
	F4	BOTH SECOND FINGERS
	F5	THIRD FINGER
	F6	BOTH THIRD FINGERS
	F7	FOURTH FINGER
	F8	BOTH FOURTH FINGERS
TOE	G1	GREAT TOE
	G2	BOTH GREAT TOES
	G3	TOE OTHER
	G4	TOES OTHER
HEAD, EXTERNAL	H1	EYE EXTERNAL
	H2	BOTH EYES EXTERNAL
	H3	EAR EXTERNAL
	H4	BOTH EARS EXTERNAL
	HC	CHIN
	HF	FACE
	HK	NECK/THROAT
	HM	MOUTH/LIPS
	HN	NOSE
	HS	SCALP
KNEE	KB	BOTH KNEES
	KS	KNEE
LEG, HIP, ANKLE, BUTTOCK	LB	BOTH LEGS/HIPS/ ANKLES/BUTTOCKS
	LS	SINGLE LEG/HIP ANKLE/BUTTOCK
HAND	MB	BOTH HANDS
	MS	SINGLE HAND
FOOT	PB	BOTH FEET
	PS	SINGLE FOOT
TRUNK, BONES	R1	SINGLE COLLAR BONE
	R2	BOTH COLLAR BONES
	R3	SHOULDER BLADE
	R4	BOTH SHOULDER BLADES
	RB	RIB
	RS	STERNUM (BREAST BONE)
	RV	VERTEBRAE (SPINE; DISC)
	RZ	TRUNK BONES OTHER
SHOULDER	SB	BOTH SHOULDERS
	SS	SINGLE SHOULDER
THUMB	TB	BOTH THUMBS
	TS	SINGLE THUMB
TRUNK, INTERNAL ORGANS	V1	LUNG, SINGLE
	V2	LUNGS, BOTH
	V3	KIDNEY, SINGLE
	V4	KIDNEYS, BOTH
	VH	HEART
	VL	LIVER
	VR	REPRODUCTIVE ORGANS
	VS	STOMACH
	VV	INTESTINES
	VZ	TRUNK, INTERNAL; OTHER

f. NATURE OF INJURY/ILLNESS - Select the most appropriate nature of injury / illness from the list below. This nature of injury / illness shall correspond to the primary body part selected in 5e, above. Enter the nature of injury / illness name on the line and place the corresponding CODE letters in the box provided.

* The injury or condition selected below must be caused by a specific incident or event which occurred during a single work day or shift.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
*TRAUMATIC INJURY OR DISABILITY	TA	AMPUTATION
	TB	BACK STRAIN.
	TC	CONTUSION; BRUISE; ABRASION
	TD	DISLOCATION
	TF	FRACTURE
	TH	HERNIA
	TK	CONCUSSION
	TL	LACERATION, CUT
	TP	PUNCTURE
	TS	STRAIN, MULTIPLE
	TU	BURN, SCALD, SUNBURN
	TI	TRAUMATIC SKIN DISEASES/ CONDITIONS INCLUDING DERMATITIS
	TR	TRAUMATIC RESPIRATORY DISEASE
	TQ	TRAUMATIC FOOD POISONING
	TW	TRAUMATIC TUBERCULOSIS
	TX	TRAUMATIC VIROLOGICAL/ INFECTIVE/PARASITIC DISEASE
	T1	TRAUMATIC CEREBRAL VASCULAR CONDITION/STROKE
	T2	TRAUMATIC HEARING LOSS
	T3	TRAUMATIC HEART CONDITION
	T4	TRAUMATIC MENTAL DISORDER; STRESS; NERVOUS CONDITION
	T8	TRAUMATIC INJURY — OTHER (EXCEPT DISEASE, ILLNESS)

**A nontraumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease or disability is any reported condition which doses not meet the definition of traumatic injury or disability as described above.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
**NON-TRAUMATIC ILLNESS/DISEASE OR DISABILITY		
RESPIRATORY DISEASE	RA	ASBESTOSIS
	RB	BRONCHITIS
	RE	EMPHYSEMA
	RP	PNEUMOCONIOSIS
	RS	SILICOSIS
	R9	RESPIRATORY DISEASE, OTHER
VIROLOGICAL, INFECTIVE & PARASITIC DISEASES	VB	BRUCELLOSIS
	VC	COCCIDIOMYCOSIS
	VF	FOOD POISONING
	VH	HEPATITIS
	VM	MALARIA
	VS	STAPHYLOCOCCUS
	VT	TUBERCULOSIS
	V9	VIROLOGICAL/INFECTIVE/ PARASITIC—OTHER
DISABILITY, OCCUPATIONAL	DA	ARTHRITIS, BURSITIS
	DB	BACK STRAIN, BACK SPRAIN
	DC	CEREBRAL VASCULAR CONDITION; STROKE
	DD	ENDEMIC DISEASE (OTHER THAN CODE TYPES R&S)
	DE	EFFECT OF ENVIRONMENTAL CONDITION
	DH	HEARING LOSS
	DK	HEART CONDITION
	DM	MENTAL DISORDER, EMOTIONAL STRESS NERVOUS CONDITION
	DR	RADIATION
	DS	STRAIN, MULTIPLE
	DU	ULCER
	DV	OTHER VASCULAR CONDITIONS
	D9	DISABILITY, OTHER
SKIN DISEASE OR CONDITION	SB	BIOLOGICAL
	SC	CHEMICAL
	S9	DERMATITIS, UNCLASSIFIED

g. TYPE AND SOURCE OF INJURY/ILLNESS (CAUSE) - Type and Source Codes are used to describe what caused the incident. The Type Code stands for an ACTION and the Source Code for an OBJECT or SUBSTANCE. Together, they form a brief description of how the incident occurred. Where there are two different sources, code the initiating source of the incident (see example 1, below). Examples:

(1) An employee tripped on carpet and struck his head on a desk.
TYPE: 210 (fell on same level) SOURCE: 0110 (walking/working surface)

NOTE: This example would NOT be coded 120 (struck against) and 0140 (furniture).

(2) A Park Ranger contracted dermatitis from contact with poison ivy/ oak.
TYPE: 510 (contact) SOURCE: 0920 (plant)

(3) A lock and dam mechanic punctured his finger with a metal sliver while grinding a turbine blade.
TYPE: 410 (punctured by) SOURCE: 0830 (metal)

(4) An employee was driving a government vehicle when it was struck by another vehicle..
TYPE: 800 (traveling in) SOURCE: 0421 (government-owned vehicle, as driver)

NOTE: The Type Code 800, "Traveling In" is different from the other type codes in that its function is not to identify factors contributing to the injury or fatality, but rather to collect data on the type of vehicle the employee was operating or traveling in at the time of the incident.

Select the most appropriate TYPE and SOURCE identifier from the list below and enter the name on the line and the corresponding code in the appropriate box.

CODE	TYPE OF INJURY NAME
	STRUCK
0110	STRUCK BY
0111	STRUCK BY FALLING OBJECT
0120	STRUCK AGAINST
	FELL, SLIPPED, TRIPPED
0210	FELL ON SAME LEVEL
0220	FELL ON DIFFERENT LEVEL
0230	SLIPPED, TRIPPED (NO FALL)
	CAUGHT
0310	CAUGHT ON
0320	CAUGHT IN
0330	CAUGHT BETWEEN
	PUNCTURED, LACERATED
0410	PUNCTURED BY
0420	CUT BY
0430	STUNG BY
0440	BITTEN BY
	CONTACTED
0510	CONTACTED WITH (INJURED PERSON MOVING)
0520	CONTACTED BY (OBJECT WAS MOVING)
	EXERTED
0610	LIFTED, STRAINED BY (SINGLE ACTION)
0620	STRESSED BY (REPEATED ACTION)
	EXPOSED
0710	INHALED
0720	INGESTED
0730	ABSORBED
0740	EXPOSED TO
0800	TRAVELING IN

CODE	SOURCE OF INJURY NAME
0100	BUILDING OR WORKING AREA
0110	WALKING/WORKING SURFACE (FLOOR, STREET, SIDEWALKS, ETC)
0120	STAIRS, STEPS
0130	LADDER
0140	FURNITURE, FURNISHINGS, OFFICE EQUIPMENT
0150	BOILER, PRESSURE VESSEL
0160	EQUIPMENT LAYOUT (ERGONOMIC)
0170	WINDOWS, DOORS
0180	ELECTRICITY

CODE	SOURCE OF INJURY NAME
0200	ENVIRONMENTAL CONDITION
0210	TEMPERATURE EXTREME (INDOOR)
0220	WEATHER (ICE, RAIN, HEAT, ETC.)
0230	FIRE, FLAME, SMOKE (NOT TOBACCO)
0240	NOISE
0250	RADIATION
0260	LIGHT
0270	VENTILATION
0271	TOBACCO SMOKE
0280	STRESS (EMOTIONAL)
0290	CONFINED SPACE
0300	MACHINE OR TOOL
0310	HAND TOOL (POWERED: SAW, GRINDER, ETC.)
0320	HAND TOOL (NONPOWERED)
0330	MECHANICAL POWER TRANSMISSION APPARATUS
0340	GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK)
0350	VIDEO DISPLAY TERMINAL
0360	PUMP, COMPRESSOR, AIR PRESSURE TOOL
0370	HEATING EQUIPMENT
0380	WELDING EQUIPMENT
0400	VEHICLE
0411	AS DRIVER OF PRIVATELY OWNED/RENTAL VEHICLE
0412	AS PASSENGER OF PRIVATELY OWNED/RENTAL VEHICLE
0421	DRIVER OF GOVERNMENT VEHICLE
0422	PASSENGER OF GOVERNMENT VEHICLE
0430	COMMON CARRIER (AIRLINE, BUS, ETC.)
0440	AIRCRAFT (NOT COMMERCIAL)
0450	BOAT, SHIP, BARGE
0500	MATERIAL HANDLING EQUIPMENT
0510	EARTHMOVER (TRACTOR, BACKHOE, ETC.)
0520	CONVEYOR (FOR MATERIAL AND EQUIPMENT)
0530	ELEVATOR, ESCALATOR, PERSONNEL HOIST
0540	HOIST, SLING CHAIN, JACK
0550	CRANE
0551	FORKLIFT
0560	HANDTRUCK, DOLLY
0600	DUST, VAPOR, ETC.
0610	DUST (SILICA, COAL, ETC.)
0620	FIBERS
0621	ASBESTOS
0630	GASES
0631	CARBON MONOXIDE
0640	MIST, STEAM, VAPOR, FUME
0641	WELDING FUMES
0650	PARTICLES (UNIDENTIFIED)
0700	CHEMICAL, PLASTIC, ETC.
0711	DRY CHEMICAL—CORROSIVE
0712	DRY CHEMICAL—TOXIC
0713	DRY CHEMICAL—EXPLOSIVE
0714	DRY CHEMICAL—FLAMMABLE
0721	LIQUID CHEMICAL—CORROSIVE
0722	LIQUID CHEMICAL—TOXIC
0723	LIQUID CHEMICAL—EXPLOSIVE
0724	LIQUID CHEMICAL—FLAMMABLE
0730	PLASTIC
0740	WATER
0750	MEDICINE
0800	INANIMATE OBJECT
0810	BOX, BARREL, ETC.
0820	PAPER
0830	METAL ITEM, MINERAL
0831	NEEDLE
0840	GLASS
0850	SCRAP, TRASH
0860	WOOD
0870	FOOD
0880	CLOTHING, APPAREL, SHOES
0900	ANIMATE OBJECT
0911	DOG
0912	OTHER ANIMAL
0920	PLANT
0930	INSECT
0940	HUMAN (VIOLENCE)
0950	HUMAN (COMMUNICABLE DISEASE)
0960	BACTERIA, VIRUS (NOT HUMAN CONTACT)

CODE	SOURCE OF INJURY NAME
1000	PERSONAL PROTECTIVE EQUIPMENT
1010	PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES
1020	RESPIRATOR, MASK
1021	DIVING EQUIPMENT
1030	SAFETY BELT, HARNESS
1040	PARACHUTE

INSTRUCTIONS FOR SECTION 6 — PUBLIC FATALITY

a. ACTIVITY AT TIME OF ACCIDENT—Select the activity being performed at the time of the accident from the list below. Enter the activity name on the line and the corresponding number in the box. If the activity performed is not identified on the list, select from the *most* appropriate primary activity area (water related, non-water related or other activity), the code number for "Other", and write in the activity being performed at the time of the accident.

WATER RELATED RECREATION

1. Sailing
2. Boating—powered
3. Boating—unpowered
4. Water skiing
5. Fishing from boat
6. Fishing from bank dock or pier
7. Fishing while wading
8. Swimming/supervised area
9. Swimming/designated area
10. Swimming/other area
11. Underwater activities (skin diving, scuba, etc.)
12. Wading
13. Attempted rescue
14. Hunting from boat
15. Other

NON-WATER RELATED RECREATION

16. Hiking and walking
17. Climbing (general)
18. Camping/picnicking authorized area
19. Camping/picnicking unauthorized area
20. Guided tours
21. Hunting
22. Playground equipment
23. Sports/summer (baseball, football, etc.)
24. Sports/winter (skiing, sledding, snowmobiling etc.)
25. Cycling (bicycle, motorcycle, scooter)
26. Gliding
27. Parachuting
28. Other non-water related

OTHER ACTIVITIES

29. Unlawful acts (fights, riots, vandalism, etc.)
30. Food preparation/serving
31. Food consumption
32. Housekeeping
33. Sleeping
34. Pedestrian struck by vehicle
35. Pedestrian other acts
36. Suicide
37. "Other" activities

b. PERSONAL FLOTATION DEVICE USED—If fatality was water-related was the victim wearing a person flotation device? Mark the appropriate box.

INSTRUCTIONS FOR SECTION 7—MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE—Mark appropriate box for each vehicle involved. If more than one vehicle of the same type is involved, mark both halves of the appropriate box. USACE vehicle(s) involved shall be marked in left half of appropriate box.

b. TYPE OF COLLISION—Mark appropriate box.

c. SEAT BELT—Mark appropriate box.

INSTRUCTIONS FOR SECTION 8—PROPERTY/ MATERIAL INVOLVED

a. NAME OF ITEM—Describe all property involved in accident. Property/material involved means material which is damaged or whose use or misuse contributed to the accident. Include the name, type, model; also include the National Stock Number (NSN) whenever applicable.

b. OWNERSHIP—Enter ownership for each item listed. (Enter one of the following: *USACE; OTHER GOVERNMENT; CONTRACTOR: PRIVATE)*

c. $ AMOUNT OF DAMAGE—Enter the total estimated dollar amount of damage (parts and labor), if any.

INSTRUCTIONS FOR SECTION 9—VESSEL/ FLOATING PLANT ACCIDENT

a. TYPE OF VESSEL/FLOATING PLANT—Select the most appropriate vessel/floating plant from list below. Enter name and place corresponding number in box. If item is not listed below, enter item number for "OTHER" and write in specific type of vessel/ floating plant.

VESSEL/FLOATING PLANTS

1. ROW BOAT
2. SAIL BOAT
3. MOTOR BOAT
4. BARGE
5. DREDGE/HOPPER
6. DREDGE/SIDE CASTING
7. DREDGE/DIPPER
8. DREDGE/CLAMSHELL, BUCKET
9. DREDGE/PIPE LINE
10. DREDGE/DUST PAN
11. TUG BOAT
12. OTHER

b. COLLISION/MISHAP—Select from the list below the object(s) that contributed to the accident or were damaged in the accident.

COLLISION/MISHAP

1. COLLISION W/OTHER VESSEL
2. UPPER GUIDE WALL
3. UPPER LOCK GATES
4. LOCK WALL
5. LOWER LOCK GATES
6. LOWER GUIDE WALL
7. HAULAGE UNIT
8. BREAKING TOW
9. TOW BREAKING UP
10. SWEPT DOWN ON DAM
11. BUOY/DOLPHIN/CELL
12. WHARF OR DOCK
13. OTHER

INSTRUCTIONS FOR SECTION 10—ACCIDENT DESCRIPTION

DESCRIBE ACCIDENT—Fully describe the accident. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Continue on blank sheets if necessary and attach to this report.

INSTRUCTIONS FOR SECTION 11—CAUSAL FACTORS

a. Review thoroughly. Answer each question by marking the appropriate block. If any answer is yes, explain in item 13 below. Consider, as a minimum, the following:

(1) DESIGN—Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?

(2) INSPECTION/MAINTENANCE—Did inadequately or improperly maintained equipment, tools, workplace, etc. create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?

(3) PERSON'S PHYSICAL CONDITION—Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was over exertion a factor?

(4) OPERATING PROCEDURES—Did a lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?

(5) JOB PRACTICES—Were any of the provisions of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the task?

(6) HUMAN FACTORS—Was the person under undue stress (either internal or external to the job)? Did the task tend toward overloading the capabilities of the person; i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach, strength, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?

(7) ENVIRONMENTAL FACTORS—Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun, temperature changes, wind, tides, floods, currents, dust, mud, glare, pressure changes, lightning, etc., play a part in the accident?

(8) CHEMICAL AND PHYSICAL AGENT FACTORS—Did exposure to chemical agents (either single shift exposure or long-term exposure) such as dusts, fibers (asbestos, etc.), silica, gases (carbon monoxide, chlorine, etc.,), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, by-products of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?

(9) OFFICE FACTORS—Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?

(10) SUPPORT FACTORS—Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized, and adequate to provide proper tools, equipment, personnel, site preparation, etc?

(11) PERSONAL PROTECTIVE EQUIPMENT—Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc.) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?

(12) DRUGS/ALCOHOL—Is there any reason to believe the person's mental or physical capabilities, judgement, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".

b. WRITTEN JOB/ACTIVITY HAZARD ANALYSIS—Was a written Job/Activity Hazard Analysis completed for the task being performed at the time of the accident? Mark the appropriate box. *If one was performed, attach a copy of the analysis to the report.*

INSTRUCTIONS FOR SECTION 12—TRAINING

a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?—For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.

b. TYPE OF TRAINING—Mark the appropriate box that best indicates the type of training; (classroom or on-the-job) that the injured person received before the accident happened.

c. DATE OF MOST RECENT TRAINING—Enter the month, day, and year of the last *formal* training completed that covered the activity-task being performed at the time of the accident.

INSTRUCTIONS FOR SECTION 13—CAUSES

a. DIRECT CAUSES—The direct cause is that single factor which most directly lead to the accident. See examples below.

b. INDIRECT CAUSES—Indirect causes are those factors which contributed to but did not directly initiate the occurrence of the accident.

Examples for section 13:

a. Employee was dismantling scaffold and fell 12 feet from unguarded opening.
Direct cause: failure to provide fall protection at elevation.
Indirect causes: failure to enforce USACE safety requirements; improper training/motivation of employee (possibility that employee was not knowledgeable of USACE fall protection requirements or was lax in his attitude towards safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.

b. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by USACE vehicle. (note USACE vehicle was in proper/safe working condition).
Direct cause: failure of USACE driver to maintain control of and stop USACE vehicle within safe distance.
Indirect cause: Failure of employee to pay attention to driving (defensive driving).

INSTRUCTIONS FOR SECTION 14—ACTION TO ELIMINATE CAUSE(S)

DESCRIPTION—Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue on blank sheets of paper if necessary to fully explain and attach to the completed report form.

INSTRUCTIONS FOR SECTION 15—DATES FOR ACTION

a. BEGIN DATE—Enter the date when the corrective action(s) identified in Section 14 will begin.

b. COMPLETE DATE—Enter the date when the corrective action(s) identified in Section 14 will be completed.

c. TITLE AND SIGNATURE—Enter the title and signature of supervisor completing the accident report. For a GOVERNMENT employee accident/illness the immediate supervisor will complete and sign the report. For PUBLIC accidents the USACE Project Manager/Area Engineer responsible for the USACE property where the accident happened shall complete and sign the report. For CONTRACTOR accidents the Contractor's project manager shall complete and sign the report and provide to the USACE supervisor responsible for oversight of that contractor activity. This USACE Supervisor shall also sign the report. Upon entering the information required in 15.d, 15.e and 15.f below, the responsible USACE supervisor shall forward the report for management review as indicated in Section 16.

d. DATE SIGNED—Enter the month, day, and year that the report was signed by the responsible supervisor.

e. ORGANIZATION NAME—For GOVERNMENT employee accidents enter the USACE organization name (Division, Branch, Section, etc.) of the injured employee. For PUBLIC accidents enter the USACE organization name for the person identified in block 15.c. For CONTRACTOR accidents enter the USACE organization name for the USACE office responsible for providing contract administration oversight.

f. OFFICE SYMBOL—Enter the latest complete USACE Office Symbol for the USACE organization identified in block 15.e.

INSTRUCTIONS FOR SECTION 16—MANAGEMENT REVIEW (1st)

1ST REVIEW—Each USACE FOA shall determine who will provide 1st management review. The responsible USACE supervisor in section 15.c shall forward the completed report to the USACE office designated as the 1st Reviewer by the FOA. Upon receipt, the Chief of the Office shall review the completed report, mark the appropriate box, provide substantive comments, sign, date, and forward to the FOA Staff Chief (2nd review) for review and comment.

INSTRUCTIONS FOR SECTION 17—MANAGEMENT REVIEW (2nd)

2ND REVIEW—The FOA Staff Chief (i.e., FOA Chief of Construction, Operations, Engineering, Planning, etc.) shall mark the appropriate box, review the completed report, provide substantive comments, sign, date, and return to the FOA Safety and Occupational Health Office.

INSTRUCTIONS FOR SECTION 18—SAFETY AND OCCUPATIONAL HEALTH REVIEW

3RD REVIEW—The FOA Safety and Occupational Health Office shall review the completed report, mark the appropriate box, ensure that any inadequacies, discrepancies, etc, are rectified by the responsible supervisor and management reviewers, provide substantive comments, sign, date and forward to the FOA Commander for review, comment, and signature.

INSTRUCTION FOR SECTION 19—COMMAND APPROVAL

4TH REVIEW—The FOA Commander shall (to include the person designated Acting Commander in his absence) review the completed report, comment if required, sign, date, and forward the report to the FOA Safety and Occupational Health Office. Signature authority shall not be delegated.