

RTC SAFETY SEP 2000	THIS FORM WILL BE SUBMITTED IAW OPNAVINST 5100.23E CH14				
<b><i>SUPERVISOR'S REPORT OF INJURY OR ILLNESS</i></b>					
<b><i>Data on Injured or Ill Person</i></b>				Safety Office Use Only	
				File Number:	
1. Name		2. Rank/Rate	3. Sex	4. Age	5. SSN
6. Occupation	7. Phone	8. Command/Division/Ship			9. Bldg
10. Date/Time of Injury/Illness		11. Type of Injury/Illness			12. Body Part
<b><i>AMBULANCE DATA (Complete Blks 13 thru 21 when an ambulance is called)</i></b>					
13. Time Ambulance called	14. Arrived	15. Departed	16. Destination	17. Ambulance #	18. Driver Name
19. Action Taken By Ambulance Crew:			20. Time Notified Admin/CDO		
21. OOD: Disposition of Member					
<b><i>Mishap Data</i></b>					
22. Cycle Work Schedule  S M T W TH F S		23. Drug/Alcohol Related?  ( Y / N )		24. Experience Performing Task?  ( Yrs / Mos )	
25. Location ( Be specific, e.g. street, BLDG, room number ect...)			26. Evolution at Time of Mishap:		
27. Cause of Mishap:			28. PPE Used ? ( Y / N )	29. PPE Required ? ( Y / N )	
30. Narrative ( Chain of events leading up to and through and subsequent to mishap ):					
31. Was there an awareness of the unsafe conditions or equipment? ( Y / N ) What Type?					
32. Corrective action to prevent recurrence : (Should be clear and realistic recommendation)					
<b><i>Witnesses (Attach Sheet if Needed)</i></b>					
34. Name:	35. Phone:	36. Name:	37. Phone:	38. Name:	39. Phone:
<b><i>Supervisory Data ( Mandatory Entry )</i></b>					
40. Immediate Supervisor :		41. Division Officer :		42. Department Head :	
43. Supervisor at time of Injury/ Illness		44. Command:	45. Bldg Number:	46. Phone:	
47. Division Officer / LCPO Signature:				48. Date	
Copy to : <b>RTC Safety Office File</b>					
Originator					