(For Safety Staff only)	REPORT NO.	EROC CODE	**UNITED STATES ARMY CORPS OF ENGINEERS ACCIDENT INVESTIGATION REPORT** *(For Use of this Form See Help Menu 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	d. SOCIAL SECURITY NUMBER	e. GRADE
		☐ MALE ☐ FEMALE	LEAVE BLANK	

f. JOB SERIES/TITLE	g. DUTY STATUS AT TIME OF ACCIDENT	h. EMPLOYMENT STATUS AT TIME OF ACCIDENT
	☐ ON DUTY ☐ TDY ☐ OFF DUTY	☐ 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 (Include City, State, Zip Code)	d. CONTRACTOR'S NAME
	hrs		(1) PRIME: (2) SUBCONTRACTOR:

e. CONTRACT NUMBER	f. TYPE OF CONTRACT	g. HAZARDOUS/TOXIC WASTE ACTIVITY
☐ CIVIL WORKS ☐ MILITARY ☐ OTHER *(Specify)*	☐ CONSTRUCTION ☐ SERVICE ☐ A/E ☐ DREDGE ☐ OTHER *(Specify)*	☐ SUPERFUND ☐ DERP ☐ IRP ☐ OTHER *(Specify)*

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

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 help menu)*

a. SEVERITY OF ILLNESS/INJURY	(CODE)	b. ESTIMATED DAYS LOST	c. ESTIMATED DAYS HOSPITALIZED	d. ESTIMATED DAYS RESTRICTED DUTY
	#			

e. BODY PART AFFECTED	(CODE)	g. TYPE AND SOURCE OF INJURY/ILLNESS	(CODE)
PRIMARY	#	TYPE	#
SECONDARY	#	SOURCE	#
f. NATURE OF ILLNESS/INJURY	(CODE)		
	#		

6. PUBLIC FATALITY *(Fill in line and correspondence code number in box - see help menu)*

a. ACTIVITY AT TIME OF ACCIDENT	(CODE)	b. PERSONAL FLOATATION DEVICE USED?
	#	☐ YES ☐ NO ☐ N/A

7. MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE	b. TYPE OF COLLISION	c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
☐☐ PICKUP/VAN ☐☐ AUTOMOBILE ☐☐ TRUCK ☐☐ OTHER *(Specify)*	☐ SIDE SWIPE ☐ HEAD ON ☐ REAR END ☐ BROADSIDE ☐ ROLL OVER ☐ BACKING ☐ OTHER *(Specify)*	(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 correspondence code number in box from list - see help menu)*

a. TYPE OF VESSEL/FLOATING PLANT	(CODE)	b. TYPE OF COLLISION/MISHAP	(CODE)
	#		#

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

11. **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?	b. TYPE OF TRAINING.	c. DATE OF MOST RECENT FORMAL TRAINING.
☐ YES ☐ NO	☐ CLASSROOM ☐ ON JOB	(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 CORPS _____ CONTRACTOR _____	d. DATE *(Mo/Da/Yr)*	e. ORGANIZATION IDENTIFIER *(Div, Br, Sect)*	f. OFFICE SYMBOL

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

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10. ACCIDENT DESCRIPTION ***(Continuation)***

13a. DIRECT CAUSE ***(Continuation)***

13b. INDIRECT CAUSES *(Continuation)*

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