

WORK SHEET FOR GOVT & CONTRACTOR PRELIMINARY ACCIDENT NOTIFICATION

This work sheet is a field tool to assist the collection of information about an accident and facilitate the completion of a Preliminary Accident Notification. For Member of the Public Recreation Visitor accidents use the Initial Notification of Public Recreation Mishap Work Sheet

General Information:				
1. Project Name:	2. HNC Project Office Symbol:	3. Date Worksheet completed:		
4. Person Name Completing Worksheet:		5. Phone Number:	6. Contract Number:	
7. Date of Mishap:		8. Time of Mishap		
9. Prime Contractor:		10. Subcontractor:		
Location and Mishap Information:				
1. Exact Location of Mishap:				
2. Number of Persons involved:		3. Number of Properties involved:		
Personnel Classification:				
Government Civilian:	Military:	Government Direct Contractor:	Foreign National:	
Volunteer:	Prime Contractor:	Subcontractor:	Public:	Other:
Type of Mishap:				
Fatality:	Injury / Illness:	Property Damage:	Fire:	Driving:
Personal Data: (Note: If more than 2 persons involved provide their personal data on a separate sheet)				
1. Name: Last:		First:	Middle Initial:	2. Age:
4. Job Series & Title:			3. Gender:	
6. Duty Status: On Duty:		Off Duty:	TDY:	7. Time Work Began:
8. Unit and Station Assignment:		9. Office Symbol:		10. Date Hired:
11. What was Person doing before the mishap occurred?				
Injury Information:				N/A
1. Nature of Injury:		2. Primary Body Part Affected:		2.a. Secondary:
3. Type of Injury:			4. Source of Injury:	
5. Severity of Injury: Fatality: Permanent Total Disability: Permanent Partial Disability: Other: If Other Describe:				
6. Estimated Days Away:			7. Estimated Days Restricted/Transferred:	
8. Primary Language Spoken:			9. English Literate: Yes: No:	
10. Does this person wish to remain anonymous: Yes: No:				
11. Was injured person hospitalized? Yes: No:				
12. Name of Physician/Health Care Professional:				
13. Medical Treatment Facility Name:			14. Phone #:	
15. Facility Address:				
Summary of Mishap				
Remarks				
Describe Any Information Released to the Public				

Nature of Injury

Amputation
Abrasion
Back Strain
Burn
Contusion/Bruise
Concussion
Dislocation of joint

Drowning
Fracture
Hearing Loss
Hernia
Laceration/Cut
Puncture
Strain

Stroke
Traumatic Food Poisoning
Traumatic Heart Condition
Traumatic Mental Disorder
Traumatic Respiratory
Traumatic Skin Disease

Tuberculosis
Traumatic
Virological/Infective
Parasitic Disease
Other

Type of Injury

Struck by/against
Fell/slipped/tripped
Caught on/in/between

Punctured/lacerated
Stung/bit by
Contact with/by

Exerted
Exposed
Inhaled

Ingested
Absorbed
Traveling In

Severity of Injury

Injury

Illness

Fatality

Permanent Disability

Source of Injury

Environmental
Condition
Building or other
Area
Walking surface
Electricity
Temperature Extreme
Weather

Fire
Water
Mechanical
Equipment
Guard/Shield
Video Display
Terminal
Heating
Motor Vehicle/Cycle

Boat
Bicycle/Other non-
motorized vehicle
Noise
Radiation
Light
Ventilation
Smoke
Stress

Confined Space
Carbon Monoxide
Inanimate Object
Animal Insect
Human (Violence)
Diving Equipment
Parachute

Body Parts

Arm or Wrist
Breast
Testicle
Abdomen
Chest
Lower Back
Penis
Side
Upper Back
Waist
Trunk Other
Ear
Eye

Brain
Cranial Bones
Teeth
Jaw
Throat/Larynx
Mouth
Nose
Tongue
Head Other External
Elbow
Finger
Thumb
Toe

Face
Scalp
Knee
Leg
Hip
Ankle
Buttock
Hand
Feet
Collar Bone
Shoulder Blade
Rib
Sternum

Vertebrae
Trunk Bones other
Shoulder
Lung
Kidney
Heart
Liver
Reproductive Organs
Stomach
Intestines
Trunk/internal