

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.

Project Name: _____ Project Office Symbol: _____ Date Worksheet Completed: _____
Date of Accident: _____ Time of Accident: _____ Person Completing Worksheet: _____ Phone #: _____

Location and Incident Information

Exact Location of Accident: _____

Number of Persons Involved: _____ Number of Properties Involved: _____

Personnel Classification

Government: Civilian Military Government Direct Contractor Foreign National Volunteer

Contractor Member of the Public

Type of Accident (Mark all that are applicable)

Injury/Illness Fatality Motor Vehicle Property Damage Fire Diving

Personal Data (If more than 2 persons involved provide their personal data on a separate sheet)

Person 1 - Name: Last _____ First _____ Middle Initial _____ Age: _____ Gender: Male Female

Date of Birth: _____ Address: _____

Job Series/Title: _____ Grade: _____ Duty Status: On Duty Off Duty TDY Time Began Work _____

Unit and Station Assignment: _____ Office Symbol: _____ Date Hired: _____

Nature of Injury: _____ Body Part(s) Affected Primary _____ Secondary _____

Type of Injury _____ Source of Injury _____

Severity of Injury: (See definitions on reverse side) Fatality: **Yes/No** Permanent Total Disability: **Yes/No**

Permanent Partial Disability: **Yes/No** Other Serious Injury: **Yes/No**

Estimated Days away from Work: _____ Estimated Days Restricted Duty/Job Transfer: _____

Primary Language Spoken: _____ English Literate: **Yes/No**

Does this person wish to remain anonymous **Yes/No**

What was employee worker doing before the accident occurred? _____

Name of Physician/Health Care Professional: _____

Medical Treatment Facility: _____

Address: _____ Phone # _____

Person 2 - Name: Last _____ First _____ Middle Initial _____ Age: _____ Gender: Male Female

Date of Birth: _____ Address: _____ Job _____

Series/Title: _____ Grade: _____ Duty Status: On Duty Off Duty TDY Time Began Work _____

Unit and Station Assignment: _____ Office Symbol: _____ Date Hired: _____

Nature of Injury: _____ Body Part(s) Affected Primary _____ Secondary _____

Type of Injury _____ Source of Injury _____

Severity of Injury: (See definitions on reverse side) Fatality: **Yes/No** Permanent Total Disability: **Yes/No**

Permanent Partial Disability: **Yes/No** Other Serious Injury: **Yes/No**

Estimated Days away from Work: _____ Estimated Days Restricted Duty/Job Transfer: _____

Primary Language Spoken: _____ English Literate: **Yes/No**

Does this person wish to remain anonymous **Yes/No**

What was employee worker doing before the accident occurred? _____

Name of Physician/Health Care Professional: _____

Medical Treatment Facility: _____

Address: _____ Phone # _____

Summary of Accident:(Use additional sheet if needed)

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
(Carbon Monoxide)
Traumatic Skin Disease

Tuberculosis
Traumatic Virological/Infective
Parasitic Disease
Traumatic Injury Other(list)

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