

# Initial Notification Form

Name of Person Reporting:

Date of Accident/Incident:

Time:

Installation/Project/Lake Name:

Exact Location (Bldg., Room, Area, Etc.):

## **Accident/Incident Category**

*Type of Accident/Incident: Check all that apply*

Government

Volunteer

Contractor

Public Fatality

Near Miss

Property Damage

Hazardous Conditions

Mishaps

Other (i.e. rental vehicles, drones, etc.)

## **Government/Contractor**

Employee Name:

Job Position:

Lost Time: Yes

No

If yes, number of lost time work days

Restricted/Light Duty: Yes

No

If yes, number of days

Estimated Dollar Amount:

Contractor Number:

Project Title:

Prime Contractor:

Subcontractor:

Name of QA:

## **Public Fatality**

Name of Victim:

Age:

Sex:

Race:

*Check all that apply:*

Swimming

Boating

Wading

Hiking

Fishing

Camping

Suicide

Motor Vehicle

Alcohol

Drugs

PFD Worn

PFD Available

Seatbelt Worn

Designated Swimming Area

Out grated Area

Others:

Description of Accident/Incident:

Recommended Corrective Actions:

Additional Reports:

*Government/Volunteer* – DA 285 AB Form due to the Safety Office within 5 days along with PHA and/or AHA.

*Contractor* – Initial AHA due with the initial notification, ENG Form 3394 due to the Safety Office within 5 days along with revised AHA (Only for medical treatment beyond first aid and property damage more than \$5000)

*Public Fatality* – ENG Form 3394 due to the Safety Office within 5 days along

**USACE Personnel Only**

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Email to: DLL-CESWF-SO

Cc: Supervisor and Division Chief

Name of Person Reporting:

Office location reporting: