

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:

First Aid:

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 – ENG Form 3394 due to the Safety Office within 5 days along with 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

.....
Email to: DLL-CESWF-SO

Cc: Supervisor and Division Chief

Name of Person Reporting:

Office location reporting: