

CIVILIAN INJURY INQUIRY
(MUST BE REPORTED WITHIN 48 HOURS)

1) DATE /TIME OF INJURY _____	2) EMPLOYEE NAME _____	3) SECTION _____	4) PHONE _____
5) DATE NOTIFIED SUPERVISOR _____	6) DIRECTORATE _____	7) SUPERVISOR NAME _____	8) PHONE _____
9) LOCATION/ BUILDING # _____			

10) HOW DID THE INJURY OCCUR _____

11) TYPE OF INJURY _____	12) TIME LOSS _____		
13) RESTRICTED DUTY _____	14) PPE REQUIRED _____	15) PPE AVAILABLE _____	16) PPE USED _____
17) DID EMPLOYEE RECEIVE MEDICAL TREATMENT? See explanation on page 2 _____			
18) WHEN _____			
19) HOW COULD THIS INJURY HAVE BEEN PREVENTED _____			

20) DOES THE WORK AREA NEED TO BE SURVEYED FOR HAZARDS? _____

21) DOES THE PHYSICAL ENVIRONMENT NEED TO BE CHANGED? How? _____

22) CORRECTIVE ACTION _____

23) WHEN WAS THE LAST SAFETY BRIEF PRIOR TO THE INJURY? _____

24) REMARKS/ ADDITIONAL INFORMATION _____

25) INVESTIGATION START DATE _____	26) INVESTIGATION END DATE _____
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27) PRINTED NAME OF INVESTIGATOR _____	28) SIGNATURE OF INVESTIGATOR _____	29) PHONE _____
REVIEWED BY : _____		DATE _____
INSTALLATION SAFETY OFFICER		

ALL AF AND NAF ACCIDENTS/ INJURIES MUST BE REPORTED TO THE INSTALLATION SAFETY OFFICE WITHIN 48 HOURS
BUILDING #1051 APT 4 GAFFNEY ROAD
353-7085 / FAX 353-6272

Instructions for this form are on page 2

INSTRUCTIONS FOR CIVILIAN INJURY INQUIRY

- Block 1 Enter the date and time the injury occurred. - *i.e.* 1415, 23 JAN 2001
- Block 2 Enter the employee's name. - *Employee, John K.*
- Block 3 Enter the section employee belongs to - *for example If the Directorate is DOL, the section might be transportation.*
- Block 4 Enter a good work phone number to contact the employee. *Do not use personal phone #'s.*
- Block 5 Enter the date supervisor was notified of the accident. *Use remarks area for additional information if needed.*
- Block 6 Enter the name of the Directorate the employee belongs to - *DFMWR, DES, DOL, etc.*
- Block 7 Enter supervisors name- *Doe, Susan B*
- Block 8 Enter a good work phone number to contact the supervisor.
- Block 9 Enter a detailed location of where injury occurred- *Parking lot in front of Building 10, Room 101 Building 100. CDC Building 4000
Near the swing on the playground. Etc.*
- Block 10 Explain in detail how injury occur- *i.e. Mr. Employee was walking down the sidewalk entering Building 1000 and slipped on the ice.
He attempted to catch his fall and landed on his right elbow.*
- Block 11 Describe the injury in as much detail as best as possible. *Is it broken, bruised, scraped, cut, etc. If seen by a medical professional, you may use their description/diagnosis.*
- Block 12 Enter amount of lost time due to injury. *If no lost time was incurred put 0- Time loss begins the day **after** the accident.*
- Block 13 Enter number of days restricted work. Restricted work is described as: *You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work. 29 CFR 1904.7(b)(4)(i)(a)&(b)*
- Block 14 Enter Yes or No
- Block 15 Was PPE available- Yes or No
- Block 16 Did the person use the PPE- Yes or No
- Block 17 Enter Yes or No- **For definition of medical aid see below**
- Block 18 If employee received medical treatment enter date, if not enter N/A
- Block 19 Describe how this could have been prevented- ***Be as specific as possible!!!***
- Block 20 Enter Yes or No
- Block 21 Enter Yes or No. If yes, give as much detail as possible
- Block 22 What corrective action was taken to prevent this incident from happening again.
- Block 23 Enter the date of the most recent safety brief prior to the accident
- Block 24 Use this area to address any issues that need clarification or for any additional information.
- Block 25 Enter the date the investigation began
- Block 26 Enter the date the initial investigation was completed
- Block 27 Print the name of the person who conducted the investigation- *Supervisor, Susan B*
- Block 28 Sign
- Block 29 Enter a good work phone number to contact the investigator

NOTE: The supervisors' goal is to identify a "root cause" and eliminate it.

What is the definition of medical treatment? "Medical treatment" means the management and care of a patient to combat disease or disorder. **For the purposes of Part 1904, medical treatment does not include:**

Visits to a physician or other licensed health care professional solely for observation or counseling;
The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (**e.g.**, eye drops to dilate pupils); or

What is **first aid**?

Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);

Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);

Cleaning, flushing or soaking wounds on the surface of the skin;

Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);

Using hot or cold therapy;

Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);

Using temporary immobilization devices while transporting an accident victim (**e.g.**, splints, slings, neck collars, back boards, etc.).

Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;

Using eye patches;

Removing foreign bodies from the eye using only irrigation or a cotton swab;

Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;

Using finger guards;

Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or

Drinking fluids for relief of heat stress.