

## GROUND ACCIDENT NOTIFICATION WORKSHEET

US LN

✗ place check  
in one

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date/Time of Injury/Illness: \_\_\_\_\_

Where the event occurred (e.g., Loading dock north end, bldg #)

\_\_\_\_\_

Describe accident (injury/illness or property damage), parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch).

\_\_\_\_\_

Was Personal Protective Equipment used?:      YES     NO   

Supervisors must report all accidents immediately to the Safety Office 526-2303.

Use this form to capture pertinent information related to the accident and forward it to the Safety Office. This form is available on the USAG Bavaria web site or from your local Safety Representative.

Download and email this form to [usarmy.bavaria.id-europe.list.safety@army.mil](mailto:usarmy.bavaria.id-europe.list.safety@army.mil)