

GROUND ACCIDENT NOTIFICATION WORKSHEET

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, Graf/Vilsec 526-2301, Hohenfels 522-2865, Garmisch 440-3595.

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 website. Email the form to usarmy.bavaria.imcom-europe.list.safety@mail.mil.