

Appendix F. Site Forms

SITE FORMS INVENTORY

Form Title

Report of Occupational Accident, Injury, or Illness Investigation

Chemical Inventory Form

Daily MEC Operations Form

Photographic Log

Notes of Telephone Conversation

QCIR Preparatory Phase Inspection Report

QCIR Initial Inspection Report

QC Inspection Report

QC Inspection Report Log

Non-Conformance Report

Corrective Action Request

CAR/NCR Status Log

Field Change Request (FCR) Form

Stop Work Request (SWR) Form

Daily Quality Control Report

Operator Proficiency Test Report

Seeding Checklist/Log

Quality Assurance Submittal

Documentation of Training

Daily Safety Checklist

Daily Safety Meeting Attendance Log

Weekly Safety Inspection Log

Site Visitor's Log

Disposal Team Daily Journal

MEC Accountability Log

DD Form 1348-1a Issue Release/Receipt Form

Motor Vehicle Inspection Form

Magazine Data Card

Explosive Magazine Key Control Log

POD Form 265-R, CEPOD- Immediate Report of Accident Form

ENG Form 3394, USACE Accident Investigation Report

Geophysical Dig Sheet and Target History Log

Facility Security Inspection Form

Report of Occupational Accident, Injury, or Illness Investigation

Office or Site Location _____

Date of Report _____

Employee's Name _____

Sex _____

Birth Date _____

Employee's Home Address (Street) _____

Employee No. _____

Soc.Sec.No. _____

(City, State, Zip) _____

Home Telephone Number _____

Employee's Job Title _____

Wage Rate _____

Hrs Per Wk _____

Date of Hire _____

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Description of Events of Accident:

Type of injury or illness:

Part(s) of body affected (be specific): _____

Date injury or illness was reported: _____

Was this a fatality? Yes _____ No _____

Was employee admitted to hospital? Yes _____ No _____

Date employee returned to work: _____

Days lost from work: _____ Date Treated: _____

Name and Address of Treating Physician: _____

Name and Address of Hospital: _____

Diagnosis: _____

Treatment: _____

Was employee performing his normal job duties at the time of the accident? (If not , explain)

Was employee trained in task being performed? _____

Type of training received by employee: _____

Is training current? _____

Years experience in present job: _____

Years with NHES or Environet Inc.: _____

Hours of sleep prior to work: _____

Environmental conditions contributing to accident: _____

Unsafe conditions contributing to accident: _____

Unsafe acts contributing to accident: _____

Were any other employees involved in accident? Explain: _____

Property Damaged: _____

Was employee wearing all required PPE? (If not, explain): _____

Were there any deviations from operating procedures? (If so, explain): _____

Will operating procedures be revised as a result of this accident? (If so, explain)

Actions taken to prevent recurrence: _____

Witness(es): _____

Witness Statements (Attach separate sheets if necessary): _____

Is injured party a NHES or Environet Inc. employee? _____

Did accident occur on NHES or Environet Inc. Property or NHES or Environet Inc. controlled site? _____

Project Name and Number _____

Type of Accident: Near Miss ___ Injury ___ Illness ___ Property Damage ___

Accident Costs (If not known, estimate and update later when exact figures are known. This section is to be completed by the Site Supervisor):

Transportation to treatment facility	_____
Medical costs for initial treatment	_____
Follow-up or long-term medical costs	_____
Injured employee's lost time	_____
Time lost from work stoppage, at time of accident	_____
Time lost of employees involved in investigation	_____
Cost of hiring/training replacement employee	_____
Property Damage Amount	_____
Cost of Replacement Equipment	_____
Cost of Rental Equipment while repairs are made	_____
Cost of training employees to use new equipment	_____

Other accident related costs (Specify):

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL ACCIDENT COSTS: \$ _____

Other comments or applicable information: _____

Employee Signature

Date

Site Safety and Health Officer

Date

Supervisor's Signature

Date

Site Supervisor's Signature

Date

Project Manager's Signature

Date

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Chemical Inventory Form

Site Name: _____

Site Safety Officer: _____

Work Area: _____

Date Prepared: _____

Storage Area: _____

Chemical Name	CAS# / Product#	Manufacturer	Supplier	Total Quantity Stored	Intact Label	MSDS on File

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Daily Report of MEC Operations

SUXOS DAILY ACTIVITY REPORT

Environet Inc
 Waikoloa Maneuver Area
 64-1035 Mamalahoa Hwy
 Kamuela, HI 96743

Date:

Contract Number:
 IDIQ W9128A-09-D-0002
 Task order 2

Site Visitors:

visitor_name	company_name	purpose	time arrive	time depart
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-

Important Telephone conversations

calldate	caller	recvby	phoneno	topic	attached-
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-

Verbal Instructions:

Verbal Instructions given by client:

Has anything Developed that might lead to a change order or claim?

Note: Official's Notification of Claim must be made to the contracting Officer by separate correspondence.

No Yes (Explain)

Safety Data and Weather Information

Safety Actions Taken Today:

List any additional safety training: Tailgate safety meeting; Slips, Trip Falls, Hydration

List Safety Inspections (Type, Results Inspector): PPE: All personnel in compliance with PWP

Was personnel exposure monitoring conducted? No Yes (If Yes, Type Instrument)

Were there any Lost Time Accidents this date? No Yes (If Yes, attach Accident Request form)

Live Ordnance Found

date	type	easting	northing	gridid	status-
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-

Task Order 2 GRID CLEARANCE STATUS

workdate	NON_OE	OE_SCRAP	FE ANOMS	MEC	SMALLARM	Sweep_acres	QC_acres	QA_acres
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Signature and Certification

On behalf of Environet, Inc., I certify that this report is complete and correct and, to the best of my knowledge, all equipment and material used and work performed during this reporting period are in compliance with the contract plans and specifications except as noted above.

Signature: _____ Date: _____

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Photographic Log

CONTRACT / DO #: _____ NAME OF PHOTOGRAPHER: _____

WORK SITE: _____ FILM TYPE: _____

LOCATION: _____ NO. OF PRINTS: _____

DATE	SUBJECT / DESCRIPTION	LOCATION	PHOTO NUMBER	REMARKS
			1	
			2	
			3	
			4	
			5	
			6	
			7	
			8	
			9	
			10	
			11	
			12	
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			36	

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QCIR

PREPARATORY PHASE INSPECTION REPORT

Project Name: _____ Project No: _____ Report No: _____

UXO Team: _____ Location: _____ Date: _____

IV. Submittals Reviewed (Work Plan, SSHP, Permits, etc.)

Submittals Reviewed.	Item No. (Rev No.)	Date	Approval Authority

Have all submittals been approved? Yes No

If No, what items have not been submitted/ approved?

Are all submittals on hand? Yes No

If No, what items are missing?

Check approved submittals against delivered material. (This should be done as material arrives.)

Comments:

V. Resources (Personnel & Equipment)

Are adequate resources on hand to effectively conduct work? Yes No

If No, what action will be taken?

VI. Procedures (Project Manger should be involved in this stage of the inspection)

Review contract specifications. (List special requirements such as location accuracy, format for deliverables, etc.)

Discuss procedure for accomplishing the work (Reference WP Section or SOP).

Clarify any differences (revisions needed).

VII. Resolve Differences (What did you do to resolve outstanding issues/problems)

Comments:

VIII. Testing/ Surveillance

Identify Tests/ Surveillance to be performed, frequency, and by whom.

Where will the testing to take place (in the test bed, at a selected monument, etc.)?

Is the Testing/ Surveillance Plan Adequate?



QCIR
PREPARATORY PHASE INSPECTION REPORT

Project Name: _____ Project No: _____ Report No: _____

UXO Team: _____ Location: _____ Date: _____

Yes

IX. Safety

Review applicable portion of the Health and Safety Plan.

Has the Activity Hazard Analysis been approved? Yes No

X. Results of Inspection

Acceptable Unacceptable NCR #: _____

Name: _____ Signature: _____ Date: _____

QCM Comments

QCM Review

Concur Non-Concur Signature: _____ Date _____

XI. Distribution

PM SITE MGR UXOQC SUXOS CLIENT REP



QCIR INITIAL PHASE INSPECTION REPORT

Project Name: _____ Report No: _____

Project No: _____ Location: _____ Date: _____

I. Definable Feature of Work

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Geophysical Mapping | <input type="checkbox"/> Data Management | <input type="checkbox"/> Brush Clearing |
| <input type="checkbox"/> Intrusive Investigation | <input type="checkbox"/> UXO Avoidance | <input type="checkbox"/> Demolition | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Surface Clearance | <input type="checkbox"/> Anomaly Reacquisition | <input type="checkbox"/> Transect Activity | <input type="checkbox"/> Scrap Processing |
| <input type="checkbox"/> GIS Management | <input type="checkbox"/> Mobilization/Demobilization | <input type="checkbox"/> Acceptance Sampling | <input type="checkbox"/> Other: |

II. References (USACE DIDs, Corporate references, SOPs, etc.):

III. Personnel Present (employees performing the work) Attach supplemental sheet if necessary

Name	Position	Company

IV. Preparatory Work (equipment set up & testing, EZ set up, logbook entries, etc.)

Is preliminary work complete and correct? Yes No

If No, what action(s) will be taken?

V. Task Execution

Is work being completed in accordance with plans and specifications? Yes No

If No, what corrective action(s) will be taken?

Is workmanship acceptable? Yes No

If No, what action(s) will be taken?

V. Resolve Differences

Comments None:

VI. Safety (Review work conditions using EHSP and AHAs)



**QCIR
INITIAL PHASE INSPECTION REPORT**

Project Name: _____ Report No: _____

Project No: _____ Location: _____ Date: _____

Comments: *All procedures and precautions are being followed and taken.*

VII. Results of Inspection

Acceptable Unacceptable NCR #:

Name: _____ Signature: _____ Date: _____

QC Manager Comments

QC Manager Review

Concur Non-Concur Signature: _____ Date: _____

VIII. Distribution

PM SITE MGR UXOQC SUXOS CLIENT REP



QC INSPECTION REPORT

Project Name: _____ Report No: _____
 Project No: _____ Location: _____ Date: _____

I. Definable Feature of Work

- | | | |
|---|---|--|
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Property Management | <input type="checkbox"/> Health and Safety Plan compliance |
| <input type="checkbox"/> Site Safety | <input type="checkbox"/> Site-specific training | <input type="checkbox"/> Administrative/Training Records |
| <input type="checkbox"/> Required Reports/Submittals | <input type="checkbox"/> UXO Clearance | <input type="checkbox"/> Receipt of MM Operations |
| <input type="checkbox"/> Management and Storage activities | <input type="checkbox"/> Collection Operations | <input type="checkbox"/> Demolition of MM/UXO |
| <input type="checkbox"/> Surface Clearance Activities | <input type="checkbox"/> Disposal Operations | <input type="checkbox"/> Site Final Close Out and Acceptance |
| <input type="checkbox"/> Explosives accountability and management | <input type="checkbox"/> Survey | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Ammunition Handling and transportation | <input type="checkbox"/> Weapons and ammunition accountability and management | |

II. Type of Inspection

- 3-Phase Follow-up Inspection QC Sampling

II. References (USACE DIDs, Corporate references, SOPs, etc.):

III. Activities/Conditions Observed

Conducted By:	Signature:	Date:
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X. UXOQC Review

- Acceptable Unacceptable NCR #:

Comments:

Name:	Signature:	Date:
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XI. Distribution

- PM SUXOS UXOSO UXO Quality Manager Client Rep



NON-CONFORMANCE REPORT

Project Name: _____	Report No: _____
Project No: _____	Location: _____
Date: _____	
Description of Process : _____	

I. Description of Non-conformance (Items involved: specification, code or standard to which the items do not conform) (Provide sketch if applicable)

Name & Signature of Person Reporting Non-conformance: _____	Title/Company: _____	Date: _____
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II. Root Cause Analysis

Immediate Causes: What actions and conditions contributed to this event? Check all that apply:

Substandard Acts	
<input type="checkbox"/> Operating equipment without authority	<input type="checkbox"/> Inadequate inspection/peer review
<input type="checkbox"/> Failure to follow/improper execution of procedure	<input type="checkbox"/> Poor judgment
<input type="checkbox"/> Using equipment improperly	<input type="checkbox"/> Failure to communicate—written and/or verbal
<input type="checkbox"/> Improper servicing/maintenance of equipment	<input type="checkbox"/> Acceptance of defective equipment/material
<input type="checkbox"/> Under influence of alcohol/drugs	<input type="checkbox"/> Other substandard acts
<input type="checkbox"/> Horseplay	
Substandard Conditions	
<input type="checkbox"/> Personnel not properly qualified or trained	<input type="checkbox"/> Inadequate oversight
<input type="checkbox"/> Defective equipment/material	<input type="checkbox"/> Inadequate procedure/instruction

Enter brief explanation of each **immediate cause** below:

Basic Causes: What specific personal or job management system factors contributed to this event? Check all that apply:

Personal Factors	Job Factors
<input type="checkbox"/> Inadequate physical/physiological capability	<input type="checkbox"/> Inadequate leadership and/or supervision
<input type="checkbox"/> Inadequate mental/psychological capability	<input type="checkbox"/> Inadequate engineering
<input type="checkbox"/> Physical or physiological stress	<input type="checkbox"/> Inadequate purchasing
<input type="checkbox"/> Lack of knowledge	<input type="checkbox"/> Inadequate maintenance
<input type="checkbox"/> Lack of skill	<input type="checkbox"/> Inadequate tools and equipment
<input type="checkbox"/> Improper motivation	<input type="checkbox"/> Inadequate work standards
<input type="checkbox"/> Other personal factors	<input type="checkbox"/> Excessive wear and tear
	<input type="checkbox"/> Abuse and misuse
	<input type="checkbox"/> Change
	<input type="checkbox"/> Other job factors

Enter brief explanation of each **basic cause** below:

Name & Signature of Person Conducting RCA: _____	Title/Company: _____	Date: _____
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NON-CONFORMANCE REPORT

Project Name: _____ Report No: _____
 Project No: _____ Location: _____ Date: _____
 Description of Process : _____

III. Recommended Disposition *(Provide sketch if applicable)*

Name & Signature of Person Recommending Disposition: _____ Title/Company: _____ Date: _____

IV. Corrective Action Required Not Required

V. Verification of Disposition/Corrective Action Required Not Required

Name & Signature of Person Verifying Disposition/CA: _____ Title/Company: _____ Date: _____

VI. Approvals

<input type="checkbox"/> SUXOS	<input type="checkbox"/> PM	<input type="checkbox"/> Client	<input type="checkbox"/> Other
Name(Signature):	Name(Signature):	Name(Signature):	Name(Signature):
Date:	Date:	Date:	Date:
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments

Distribution

PM SITE MGR SUXOS CLIENT UXO Quality Manager



CORRECTIVE ACTION REQUEST

Project/Location		CAR No.:		CAR Issue Date	
Responsible Organization		Discussed With			
Response Assigned to		Response Due Date			
I. Requirement Violated/Finding					
II. Recommended Corrective Action					
Initiated by		Date	Approved By		Date
III. Remedial Action to Correct Condition (Include Cause):					
Scheduled Completion Date:					
IV. Corrective Action to Prevent Recurrence					
Response Submitted By:				Date:	
V. Evaluation Comments:		<input type="checkbox"/> Accept		<input type="checkbox"/> Reject	
VI. Verification Comments:		<input type="checkbox"/> Accept		<input type="checkbox"/> Reject	
Evaluated By		Date	Verified By		Date
VI. <input type="checkbox"/> QA/QC		<input type="checkbox"/> Project Manager	<input type="checkbox"/> Client		<input type="checkbox"/> Other
Name (Signature)		Name (Signature)	Name (Signature)		Name (Signature)
Date		Date	Date		Date
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments

Project Name:		Project Number:	
Client:		Request Number: FCR-	
Field Change Request Title:			
I. Description			
II. Reason for Change			
III. Recommended Disposition			
Operations Manager (or designee)		Signature	Date
IV. Disposition			
V. <input type="checkbox"/> QC Manager ^(FCR Concerns Quality issues)	<input type="checkbox"/> Operations Manager	<input type="checkbox"/> Project Manager	<input type="checkbox"/> Client Project Manager
Name (<i>Signature</i>)	Name (<i>Signature</i>)	Name (<i>Signature</i>)	Name (<i>Signature</i>)
Date	Date	Date	Date
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted with Comments
Comments:	Comments:	Comments:	Comments:
VI. Distribution			
Client Project Manager Project Manager QA/QC VP Operations Project File		Other:	



Stop Work Request No.

Project:		Project Number:		Contract Number:		Date:	
Written Notice Issued to:							
Name:		Title:		Organization:			
Activity:				Location of Work Process:			
Name and Signature of Person Issuing SWR				Title/Company			
Verbal Notice Issued to:							
Name:			Title:		Date/Time Issued:		
NCR Issued:	Non Conformance Report Number:		CAR Issued	Corrective Action Request Number:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
Description of Stop Work Condition: (attach supporting documentation if necessary)							
Remedial Action Required:							
Remedial Action to be completed by:				Date to be Completed			
Remedial Action Determined By:		Name:			Date		
<input type="checkbox"/> Responsible Organization <input type="checkbox"/> SUXOS <input type="checkbox"/> QA/QC <input type="checkbox"/> Operations Manager <input type="checkbox"/> Project Manager							
Follow-up of Remedial Action Taken: (attach supporting documentation)							
Verbal Notice to Resume Operations Given to:							
Name:				Date/Time:			
Stop Work Order Cancellation Authorized by							
Name and Signature of Person Recommending CA				Title/Company		Date	



DAILY QUALITY CONTROL REPORT

Project Name: _____ Report No: _____

Project No: _____ Location: _____ Date: _____

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II. Work Performed

--

III. Quality Control Activities (Reference/attach inspection/surveillance reports):

--

IV. Problems Encountered / Corrective Actions Taken

--

V. Directions Given / Received:

--

VI. Special Notes / Lessons Learned

--

II. Visitor

--

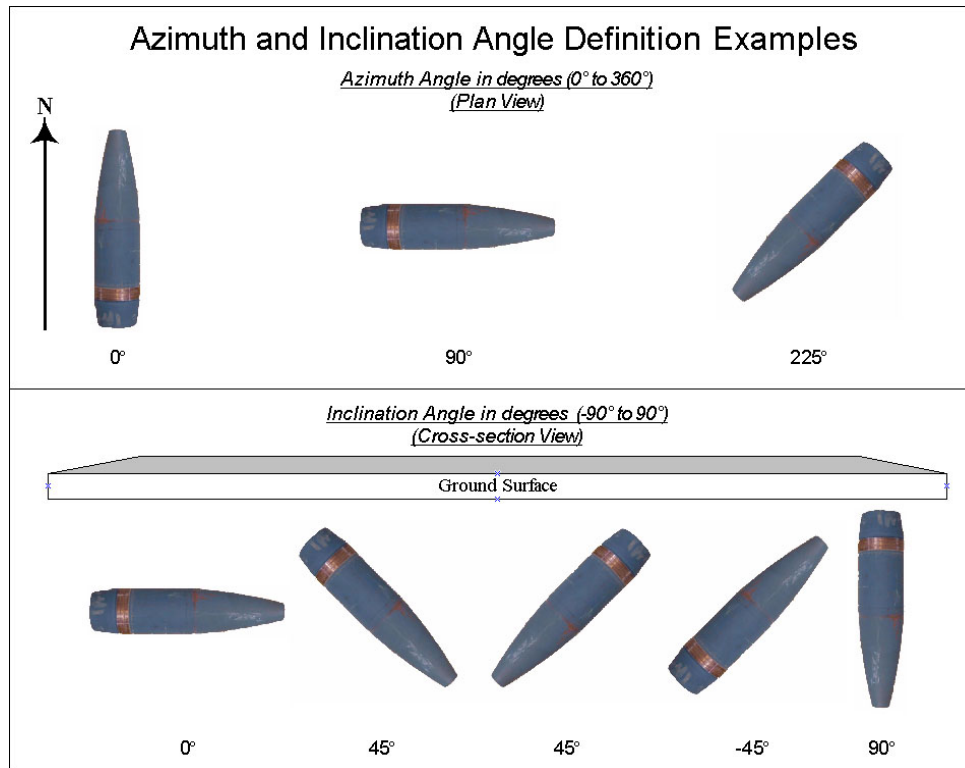
VIII. Approval

Name and Signature:	Title/Company:	Date:
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Area	No. of Transects Investigated	No. of Grids for Seeding (minimum @ 5%)	Type of Seed (simulated caliber)	Max Depth	Comments

NOTES:

1. Randomly select Grids from Grids to be investigated
2. Bury inert ordnance items at locations in the randomly selected grids where geophysical surveys or mag and dig operations will be performed.
3. The seeded items should be painted blue and tagged with a non-biodegradable label identifying the items as inert and providing a point of contact address, phone number, and a unique target identifier.
4. The items will be placed at depths and orientations that, when surveyed effectively, will cause instrument responses that indicate the presence of a buried metallic item.
5. A log will be maintained documenting the exact location, depth Azimuth and Inclination of every seeded item.
6. If the seeded item is not detected, a Nonconformance report will be issued and a causal analysis/corrective action will be developed.



QUALITY ASSURANCE SUBMITTAL

QCIR #:	Date:	Site:	# of Grids:	Location:	Contract & TO#:
			Site Clearance Supervisors:		
<u>Discrepancies/Comments:</u> All features passed QC acceptance and are ready for QA verification/inspection.					
	QC inspection performed on _____. Grid ID/Coordinates:				
Final Acceptance Inspected By / Date:					

Documentation of Training

Training Course Name: _____
(General, UXO Equipment, Visitor, Special)

Presented By: _____ **Date:** _____

Topics Discussed

Work Plan/SSHP/APP: _____

UXO/OE Hazards: _____

Chemical Hazards: _____

Physical Hazards: _____

Emergency Procedures: _____

Other: _____

Attendees

<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trainer: _____ **Date:** _____

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Daily Safety Checklist

Location: _____ Site: _____		
Description	Findings	Remarks
1. Personal Protection (PPE) per SSHP/APP	Pass/Fail	
2. Work Practices Follow SSHP/APP	Pass/Fail	
3. Site Control/Decon per SSHP/APP	Pass/Fail	
4. Eyewash Station(s)	Pass/Fail	
5. First Aid Kit(s)	Pass/Fail	
6. Fire Extinguisher(s)	Pass/Fail	
7. Monitoring Equipment	Pass/Fail	
8. Calibration	Pass/Fail	
9. Communications	Pass/Fail	
10. Overall Cleanliness of Site	Pass/Fail	
11. Other _____	Pass/Fail	
Printed Name: _____ Signature: _____ Date: _____ REMARKS: _____ _____ _____ _____		

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Daily Safety Meeting Attendance Log

Topics/Training: Daily Safety Briefing	Location:		
Presented By:	Date:		
Work Plan / SSHP			
UXO / MEC/DEMO Hazards:			
Physical Hazards:			
PPE:			
Emergency Procedures:			
Weather Brief:			
Rally Point:			
ATTENDEES			
NAME	SIGNATURE	NAME	SIGNATURE

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Weekly Safety Inspection Log

DATE:	TIME:	LOG NO.:	
CONTRACT NO.:	TASK ORDER NO.:		
SITE NAME AND LOCATION: WAIKOLOA MANEUVER AREA, HAWAII ISLAND, HAWAII			
WEATHER CONDITIONS: _____ _____ _____			
I. AREAS INSPECTED: (List by grid number, Team or task) _____ _____ _____			
II. INSPECTION RESULTS			
Item Description	Pass	Item Description	Pass
1. Personal Protection (PPE) per SSHP	Y / N	9. UXO/OE Detection Equipment	Y / N
2. Work Practices Follow SSHP/WP	Y / N	10. UXO/OE Detection Equipment Calibration	Y / N
3. Site Control/Decon per SSHP	Y / N	11. MSDSs and Container Labeling per SSHP	Y / N
4. First Aid Kit(s)/Eyewash Station(s)	Y / N	12. On- and Off-Site Communications	Y / N
5. Fire Extinguisher(s)	Y / N	13. Site House Keeping	Y / N
6. Flammable Storage Areas	Y / N	14. Explosives / Ordnance Storage Areas	Y / N
7. Safety and Health Monitoring Equipment Use	Y / N	15. Other: (list)	Y / N
8. Monitoring Equipment Calibration	Y / N	16. Other: (list)	Y / N
III. SUMMARY OF DEFICIENCIES NOTED: (If Required) _____ _____ _____			
IV. REINSPECTION RESULTS: (If required) _____ _____ _____			
VI. SIGNATURES:		I acknowledge that I have been briefed on the results of this inspection and will take corrective actions (if necessary)	
_____		_____	
UXOSO/Site Safety and Health Officer		Sr. UXO Supervisor / Project Manager	

Note: Safety Inspections are to be conducted each day and documented on this form. This form will also be used to document the Weekly Safety Audit conducted at the end of each workweek. The weekly audit will not only indicate the present status of the site/site operations, but will also be used to note the current status of deficiencies noted during daily inspections.

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Disposal Team Daily Journal

DATE:	Location: WAIKOLOA	CONTRACT:	
SUPERVISOR:			APM:

	DETONATOR ASSEMBLIES NONELECTRIC	SHOCK TUBE	BOOSTERS WITHOUT DETONATOR	SHOT PRIMERS	ELEC CAPS	JET PERFS	DET CORD
EXPLOSIVES DRAWN	EA	FT	EA	EA	EA	EA	FT
EXPLOSIVES	EA	FT	EA	EA	EA	EA	FT
EXPLOSIVES	EA	FT	EA	EA	EA	EA	FT

I certify that these explosives were expended for demilitarizing ordnance.

Signature: _____

ITEM LOCATION	ITEM#	Nomenclature	QTY	COMMENTS
			1 EA	For Disposal

COMMENTS: _____

Signature:

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COMPLETION INSTRUCTIONS:

EXAMPLE:

ID #	GRID LOCATION	NOMENCLATURE	FUZE DESCRIPTION	FUZE CONDITION	ALIGNMENT	PLACEMENT	COMMENTS
0001	3567 5379	155mm, HE, M107	PD, M235	Unarmed	NW	ME	For Disposal
0002	3567 5370	75mm, TP, M309	Dummy, M73	Inert	N	BS	For Venting

Grid Location:	EAD – G001 (Grids will be identified on the south-east corner stake of each grid.	FUZE CONDITION:	Enter the fuze condition (Armed, Unarmed or Unknown).
UXO Team:	Each team leader will identify, by UXO Team One or UXO Team Two, the grids which they have completed.	ALIGNMENT:	The “Longitudinal Axis Orientation”, Nose-to-Tail direction, of the item recovered. (N, NE, E, SE, S, SW,W, NW)
ID # :	UXO/OE and Sub-surface Anomalies will be identified, by numbers, starting from 0001 through 9999. (Note: Individual fragments and UXO related scrap items will not be recorded, but the type of scrap located within the grid will be noted in the remarks section below.	PLACEMENT:	Placement refers to the items surface location. Enter one of the following ME- Mostly Embedded, in the dirt or sand. AS – Above Surface (Above the current high water level). BS - Bottom Surface (Below the current high water level).
GRID LOCATION:	The eight digit GPS coordinate will be entered.	COMMENTS:	Any additional comments regarding the item (i.e. Separated for demil, round not fired, etc.).
NOMENCLATURE:	Enter the full nomenclature, if known.	REMARKS:	Any additional remarks regarding the grid, scrap recovered or conditions
FUZE DESCRIPTION:	The type/model of fuze, if known.		

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Motor Vehicle Inspection

MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS)											
<i>(Read Instructions before completing this form.)</i>											
This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.					1. BILL OF LADING/TRANSPORTATION CONTROL NUMBER						
SECTION I - DOCUMENTATION					ORIGIN a.		DESTINATION b.				
2. CARRIER/GOVERNMENT ORGANIZATION											
3. DATE/TIME OF INSPECTION											
4. LOCATION OF INSPECTION											
5. OPERATOR(S) NAME(S)											
6. OPERATOR(S) LICENSE NUMBER(S)											
7. MEDICAL EXAMINER'S CERTIFICATE*											
8. <i>(X if satisfactory at origin)</i>					9. CVSA DECAL DISPLAYED ON COMMERCIAL EQUIPMENT*						
a. MILITARY HAZMAT ENDORSEMENT		d. ERG OR EQUIVALENT COMMERCIAL:		YES	NO	a. TRUCK/TRACTOR		YES	NO		
b. VALID LEASE*		e. DRIVER'S VEHICLE INSPECTION REPORT*				b. TRAILER					
c. ROUTE PLAN		f. COPY OF 49 CFR PART 397									
SECTION II - MECHANICAL INSPECTION											
<i>All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.</i>											
10. TYPE OF VEHICLE(S)					11. VEHICLE NUMBER(S)						
12. PART INSPECTED <i>(X as applicable)</i>											
		ORIGIN (1)		DESTINATION (2)				COMMENTS (3)			
		SAT	UNSAT	SAT	UNSAT	SAT	UNSAT	SAT	UNSAT		
a. SPARE ELECTRICAL FUSES						k. EXHAUST SYSTEM					
b. HORN OPERATIVE						l. BRAKE SYSTEM*					
c. STEERING SYSTEM						m. SUSPENSION					
d. WINDSHIELD/WIPERS						n. COUPLING DEVICES					
e. MIRRORS						o. CARGO SPACE					
f. WARNING EQUIPMENT						p. LANDING GEAR*					
g. FIRE EXTINGUISHER*						q. TIRES, WHEELS, RIMS					
h. ELECTRICAL WIRING						r. TAILGATE/DOORS*					
i. LIGHTS AND REFLECTORS						s. TARPULIN*					
j. FUEL SYSTEM*						t. OTHER <i>(Specify)</i>					
13. INSPECTION RESULTS <i>(X one)</i> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/>											
<i>(If rejected give reason under "Remarks". Equipment will be approved if deficiencies are corrected prior to loading.)</i>											
14. SATELLITE MOTOR SURVEILLANCE SYSTEM: <i>(X one)</i> ACCEPTED <input type="checkbox"/> REJECTED <input type="checkbox"/>											
15. REMARKS											
16. INSPECTOR SIGNATURE <i>(Origin)</i>					17. INSPECTOR SIGNATURE <i>(Destination)</i>						
SECTION III - POST LOADING INSPECTION											
<i>This section applies to Commercial and Government/Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.</i>						ORIGIN (1)		DESTINATION (2)		COMMENTS (3)	
						SAT	UNSAT	SAT	UNSAT		
18. LOADED IAW APPLICABLE SEGREGATION/COMPATIBILITY TABLE OF 49 CFR											
19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT											
20. SEALS APPLIED TO CLOSED VEHICLE; TARPULIN APPLIED ON OPEN EQUIPMENT											
21. PROPER PLACARDS APPLIED											
22. SHIPPING PAPERS/DD FORM 836 FOR GOVERNMENT VEHICLE SHIPMENTS											
23. COPY OF DD FORM 626 FOR DRIVER											
24. SHIPPED UNDER DOT SPECIAL PERMIT 868											
25. INSPECTOR SIGNATURE <i>(Origin)</i>					26. DRIVER(S) SIGNATURE <i>(Origin)</i>						
27. INSPECTOR SIGNATURE <i>(Destination)</i>					28. DRIVER(S) SIGNATURE <i>(Destination)</i>						

DD FORM 626, MAR 2007

PREVIOUS EDITION IS OBSOLETE.

Page 1 of 3 Pages
Adobe Professional 7.0

INSTRUCTIONS

SECTION I - DOCUMENTATION

General Instructions.

All items (2 through 9) will be checked at origin prior to loading. Items with an asterisk (*) apply to commercial operators or equipment only. Only items 2 through 7 are required to be checked at destination.

Items 1 through 5. Self explanatory.

Item 6. Enter operator's Commercial Driver's License (CDL) number or Military OF-346 License Number. CDL and OF-346 must have the HAZMAT and other appropriate endorsements IAW 49 CFR 383.

Item 7. *Enter the expiration date listed on the Medical Examiner's Certificate.

Item 8.a. APPLIES TO MILITARY OPERATORS ONLY. Military Hazardous Materials Certification. In accordance with applicable service regulations, ensure operator has been certified to transport hazardous materials.

b. *Valid Lease. Shipper will ensure a copy of the appropriate contract or lease is carried in all leased vehicles and is available for inspection. (49 CFR 376.12 and 376.11(c)(2)).

c. Route Plan. Prior to loading any Hazard Class/Division 1.1, 1.2, or 1.3 (Explosives) for shipment, ensure that the operator possesses a written route plan in accordance with 49 CFR Part 397. Route Plan requirements for Hazard Class 7 (Radioactive) materials are found in 49 CFR 397.101.

d. Emergency Response Guidebook (ERG) or Equivalent. Commercial operators must be in possession of an ERG or equivalent document. Shipper will provide applicable ERG page(s) to military operators.

e. *Driver's Vehicle Inspection Report. Review the operator's Vehicle Inspection Report. Ensure that there are no defects listed on the report that would affect the safe operation of the vehicle.

f. Copy of 49 CFR Part 397. Operators are required by regulation to have in their possession a copy of 49 CFR Part 397 (Transportation of Hazardous Materials Driving and Parking Rules). If military operators do not possess this document, shipper will provide a copy to operator.

Item 9. *Commercial Vehicle Safety Alliance (CVSA) Decal. Check to see if equipment has a current CVSA decal and mark applicable box. Vehicles without CVSA, check documentation of the last vehicle periodic inspection and perform DD Form 626 inspection.

SECTION II - MECHANICAL INSPECTION

General Instructions.

All items (12.a. through 12.1.) will be checked on all incoming empty equipment prior to loading. All UNSATISFACTORY conditions must be corrected prior to loading. Items with an asterisk (*) shall be checked on all incoming loaded equipment. Unsatisfactory conditions that would affect the safe off-loading of the equipment must be corrected prior to unloading.

SECTION II (Continued)

Item 12.a. Spare Electrical Fuses. Check to ensure that at least one spare fuse for each type of installed fuse is carried on the vehicle as a spare or vehicle is equipped with an overload protection device (circuit breaker). (49 CFR 393.95)

b. Horn Operative. Ensure that horn is securely mounted and of sufficient volume to serve purpose. (49 CFR 393.81)

c. Steering System. The steering wheel shall be secure and must not have any spokes cracked through or missing. The steering column must be securely fastened. Universal joints shall not be worn, faulty or repaired by welding. The steering gear box shall not have loose or missing mounting bolts or cracks in the gear box mounting brackets. The pitman arm on the steering gear output shaft shall not be loose. Steering wheel shall turn freely through the limit of travel in both directions. All components of a power steering system must be in operating condition. No parts shall be loose or broken. Belts shall not be frayed, cracked or slipping. The power steering system shall not be leaking. (49 CFR 396 Appendix G)

d. Windshield/Wipers. Inspect to ensure that windshield is free from breaks, cracks or defects that would make operation of the vehicle unsafe; that the view of the driver is not obscured and that the windshield wipers are operational and wiper blades are in serviceable condition. Defroster must be operative when conditions require. (49 CFR 393.60, 393.78 and 393.79)

e. Mirrors. Every vehicle must be equipped with two rear vision mirrors located so as to reflect to the driver a view of the highway to the rear along both sides of the vehicle. Mirrors shall not be cracked or dirty. (49 CFR 393.80)

f. Warning Equipment. Equipment must include three bidirectional emergency reflective triangles that conform to the requirements of FMVSS No. 125. FLAME PRODUCING DEVICES ARE PROHIBITED. (49 CFR 393.95)

g. Fire Extinguisher. Military vehicles must be equipped with two serviceable fire extinguishers with an Underwriters Laboratories rating of 10 BC or more. (Commercial motor vehicles must be equipped with one serviceable 10 BC Fire Extinguisher). Fire extinguisher(s) must be located so that it is readily accessible for use and securely mounted on the vehicle. The fire extinguisher must be designed, constructed and maintained to permit visual determination of whether it is fully charged. (49 CFR 393.95)

h. Electrical Wiring: Electrical wiring must be clean and properly secured. Insulation must not be frayed, cracked or otherwise in poor condition. There shall be no uninsulated wires, improper splices or connections. Wires and electrical fixtures inside the cargo area must be protected from the lading. (49 CFR 393.28, 393.32, 393.33)

INSTRUCTIONS

SECTION II (Continued)

i. Lights/Reflectors. (Head, tail, turn signal, brake, clearance, marker and identification lights, Emergency Flashers). Inspect to see that all lighting devices and reflectors required are operable, of proper color and properly mounted. Ensure that lights and reflectors are not obscured by dirt or grease or have broken lenses. High/Low beam switch must be operative. Emergency Flashers must be operative on both the front and rear of vehicle. (49 CFR 393.24, 25, and 26)

j. Fuel System. Inspect fuel tank and lines to ensure that they are in serviceable condition, free from leaks, or evidence of leakage and securely mounted. Ensure that fuel tank filler cap is not missing. Examine cap for defective gasket or plugged vent. Inspect filler necks to see that they are in completely serviceable condition and not leaking at joints. (49 CFR 393.83)

k. Exhaust System. Exhaust system shall discharge to the atmosphere at a location to the rear of the cab or if the exhaust projects above the cab, at a location near the rear of the cab. Exhaust system shall not be leaking at a point forward of or directly below the driver compartment. No part of the exhaust system shall be located where it will burn, char or damage electrical wiring, fuel system or any other part of the vehicle. No part of the exhaust system shall be temporarily repaired with wrap or patches. (49 CFR 393.83)

l. Brake System (to include hand brakes, parking brakes and Low Air Warning devices). Check to ensure that brakes are operational and properly adjusted. Check for audible air leaks around air brake components and air lines. Check for fluid leaks, cracked or damaged lines in hydraulic brake systems. Ensure that parking brake is operational and properly adjusted. Low Air Warning devices must be operative. (49 CFR 393.40, 41, 42, 43, 44, 45, 47, 48, 49, 50, 51, 52, 53, and 55)

m. Suspension. Inspect for indications of misaligned, shifted or cracked springs, loosened shackles, missing bolts, spring hangers unsecured at frame and cracked or loose U-bolts. Inspect for any unsecured axle positioning parts, and sign of axle misalignment, broken torsion bar springs (if so equipped). (49 CFR 393.207)

n. Coupling Devices (Inspect without uncoupling). Fifth Wheels: Inspect for unsecured mounting to frame or any missing or damaged parts. Inspect for any visible space between upper and lower fifth wheel plates. Ensure that the locking jaws are around the shank and not the head of the kingpin. Ensure that the release lever is seated properly and safety latch is engaged. Pintle Hook, Drawbar, Towbar Eye and Tongue and Safety Devices: Inspect for unsecured mounting, cracks, missing or ineffective fasteners (welded repairs to pintle hook is prohibited). Ensure safety devices (chains, hooks, cables) are in serviceable condition and properly attached. (49 CFR 393.70 and 71)

o. Cargo Space. Inspect to ensure that cargo space is clean and free from exposed bolts, nuts, screws, nails or inwardly projecting parts that could damage the lading. Check floor to ensure it is tight and free from holes. Floor shall not be permeated with oil or other substances. (49 CFR 393.84)

p. Landing Gear. Inspect to ensure that landing gear and assembly are in serviceable condition, correctly assembled, adequately lubricated and properly mounted.

SECTION II (Continued)

q. Tires, Wheels and Rims: Inspect to ensure that tires are properly inflated. Flat or leaking tires are unacceptable. Inspect tires for cuts, bruises, breaks and blisters. Tires with cuts that extend into the cord body are unacceptable. Thread depth shall not be less than: 4/32 inches for tires on a steering axle of a power unit, and 2/32 inches for all other tires. Mixing bias and radial on the steering axle is prohibited. Inspect wheels and rims for cracks, unseated locking rings, broken, loose, damaged or missing lug nuts or elongated stud holes. (49 CFR 393.75)

r. Tailgate/Doors. Inspect to see that all hinges are tight in body. Check for broken latches and safety chains. Doors must close securely. (49 CFR 177.835(h))

s. Tarpaulin. If shipment is made on open equipment, ensure that lading is properly covered with fire and water resistant tarpaulin. (49 CFR 177.835(h))

t. Other Unsatisfactory Condition. Note any other condition which would prohibit the vehicle from being loaded with hazardous materials.

Item 14. For AA&E and other shipments requiring satellite surveillance, ensure that the Satellite Motor Surveillance System is operable. The DTTS Message Display Unit, when operative, will display the signal "DTTS ON". The munitions carrier driver, when practical, will position the DTTS message display unit in a manner that allows the shipping inspector or other designated shipping personnel to observe the "DTTS ON" message without climbing aboard the cab of the motor vehicle.

SECTION III - POST LOADING INSPECTION

General Instructions.

All items will be checked prior to the release of loaded equipment. Shipment will not be released until deficiencies are corrected. All items will be checked on incoming loaded equipment. Deficiencies will be reported in accordance with applicable service regulations.

Item 18. Check to ensure shipment is loaded in accordance with 49 CFR Part 177.848 and the applicable Segregation or Compatibility Table of 49 CFR 177.848.

Item 19. Check to ensure the load is secured from movement in accordance with applicable service outload drawings.

Item 20. Check to ensure seal(s) have been applied to closed equipment; fire and water resistant tarpaulin applied on open equipment.

Item 21. Check to ensure each transport vehicle has been properly placarded in accordance with 49 CFR 172.504.

Item 22. Check to ensure operator has been provided shipping papers that comply with 49 CFR 172.201 and 202. For shipments transported by Government vehicle, shipping paper will be DD Form 836.

Item 23. Ensure operator(s) sign DD Form 626, are given a copy and understand the hazards associated with the shipment.

Item 24. Applies to Commercial Shipments Only. If shipment is made under DOT Special Permit 868, ensure that shipping papers are properly annotated and copy of Special Permit 868 is with shipping papers.

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Instructions for Completion

Two sets of this form will be maintained on **each** separate item. One will be maintained with the materials and the other in the project office.

Nomenclature: Nomenclature of item.

Exemption No.: Exemption number of item, if applicable.

Manufacturer's ID No.: Manufacturer's ID number

Date: Enter date action is being completed.

Action taken:	INT REC	-Initial Receipt from shipper
	ISSUED	-Issued for Use
	RTS	-Returned to Stock
	BCF	-Balance Carried Forward
	BBF	-Balance Brought Forward

Quantity Received: Enter number of items received from shipper or returned to stock.

Quantity Issued: Enter number of items issued for use.

Balance: To be completed for each transaction.

Signature: Signature of the individual completing the transaction.

Last row on form should contain the entry BALANCE CARRIED FORWARD and the balance.

First row on a new form should contain the entry BALANCE BROUGHT FORWARD and the balance.

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Explosives Magazine Key Control Log

Explosives Magazine Key Control Log					
#	Key		#	Key	
1			6		
2			7		
3			8		
4			9		
5			10		
Key#	Signed Out (Date/Time)	Issued By /Inventory By Printed Name & Signature	Issued To /Inventory By Printed Name & Signature	Turned In (Date/Time)	Received by Printed Name & Signature

Key#	Signed Out (Date/Time)	Issued By /Inventory By Printed Name & Signature	Issued To /Inventory By Printed Name & Signature	Turned In (Date/Time)	Received by Printed Name & Signature

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CEPOD – Immediate Report of Accident

CEPOD IMMEDIATE REPORT OF ACCIDENT		SOHO USE ONLY
TO (COE office): _____ FROM: _____		Date Rec'd: _____ Time Rec'd: _____
1. Name of person reporting accident(print): _____ Phone No. _____		
2. Accident Information (Check all that apply):		
Property Damage <input type="checkbox"/>	Initial Report <input type="checkbox"/>	Contractor <input type="checkbox"/>
Injury <input type="checkbox"/>	Follow Up Report* <input type="checkbox"/>	Government <input type="checkbox"/>
Illness <input type="checkbox"/>	Final Report <input type="checkbox"/>	Public <input type="checkbox"/>
Fatality <input type="checkbox"/>		
Other (explain) <input type="checkbox"/> _____		
*A follow up report is due within 24 hours of any changes or additional information related to the accident (i.e., workers duty status)		
3. Contractor: _____		3a. Contract Number: _____
4. Location of accident (be specific): _____		
5a. Date of accident: _____		5b. Time of accident: _____
5c. An explanation is required if this report is being submitted more than 24 hours after the accident occurred. _____		
6. Injured persons: Name: _____ Age: _____ Occupation: _____		
7. What was the activity before the accident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using (i.e., excavating with back hoe, electrical equipment installation, demolition of facility, erecting structural steel): _____		
		Continued on page 2
8. What Happened? Tell how the injury, illness or property damage occurred (i.e., struck by, contacted by, cut by, strained by, fell from same or different level, stung by): _____		
		Continued on page 2
9. What was the injury, illness or property damage (i.e., contusion, bruise, muscle strain, fracture, respiratory, allergic reaction, skin disease, poisoning, collapsed boom crane, engine fire, damaged utilities)? _____		
10. Is the injury or illness recordable as defined in OSHA 29 CFR Part 1904? (If yes an ENG Form 3394 must be completed and submitted within 10 days.) Note: An injury or illness is recordable if it results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness or other significant illness. First aid treatment is clearly defined in OSHA 29 CFR part 1904.		YES <input type="checkbox"/> NO <input type="checkbox"/>
11. What medical treatment was required for the injury or illness (i.e. first aid, sutures, prescription medication, x-rays, cast)? _____		
12. If medical treatment was given away from the work site, where was it given? _____		
13. Was employee hospitalized overnight as an in-patient? Yes <input type="checkbox"/> No <input type="checkbox"/>		14c. Estimated days hospitalized: _____
14a. Estimated days away from work: _____		14b. Estimated Job Transfer or Restricted Days: _____
15. Did accident result in property damage? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, estimated property damage: (If property damage is \$2000 or greater an ENG Form 3394 must be completed and submitted
16. **Accident Board of Investigation Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, was immediate notification to the designated authorities made? The District Safety Office and Commander must be notified of all serious cases. Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>**A board of investigation is required if the accident resulted in: a) a fatality, b) three or more people being admitted to a hospital, c) permanent total or partial disability, or d) property damage of \$200,000 and greater.</small>		
17. Who investigated this accident (print name and title): _____		
18a. Signature of person making report: _____		18b. DATE SIGNED (YYYYMMDD) _____
19a. Title of person making report: _____		19b. Phone: _____

USACE Accident Investigation Report

(For Safety Staff only)	REPORT NO.	EROC CODE	UNITED STATES ARMY CORPS OF ENGINEERS ACCIDENT INVESTIGATION REPORT <i>(For Use of this Form See Help Menu and USACE Suppl to AR 385-40)</i>			REQUIREMENT CONTROL SYMBOL: CEEC-S-8(R2)
1. ACCIDENT CLASSIFICATION						
PERSONNEL CLASSIFICATION		INJURY/ILLNESS/FATAL		PROPERTY DAMAGE		MOTOR VEHICLE INVOLVED
GOVERNMENT <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY		<input type="checkbox"/>		<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER		<input type="checkbox"/>
<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/>		<input type="checkbox"/> FIRE INVOLVED <input type="checkbox"/> OTHER		<input type="checkbox"/>
<input type="checkbox"/> PUBLIC		<input type="checkbox"/> FATAL <input type="checkbox"/> OTHER		<input type="checkbox"/>		<input type="checkbox"/>
2. PERSONAL DATA						
a. Name (Last, First, MI)		b. AGE	c. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		d. SOCIAL SECURITY NUMBER	
e. GRADE		f. JOB SERIES/TITLE		g. DUTY STATUS AT TIME OF ACCIDENT		
		<input type="checkbox"/> ON DUTY <input type="checkbox"/> TDY		<input type="checkbox"/> OFF DUTY		
h. EMPLOYMENT STATUS AT TIME OF ACCIDENT						
<input type="checkbox"/> ARMY ACTIVE		<input type="checkbox"/> ARMY RESERVE		<input type="checkbox"/> VOLUNTEER		
<input type="checkbox"/> PERMANENT		<input type="checkbox"/> FOREIGN NATIONAL		<input type="checkbox"/> SEASONAL		
<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> STUDENT		<input type="checkbox"/> OTHER (Specify)		
3. GENERAL INFORMATION						
a. DATE OF ACCIDENT (month/day/year)		b. TIME OF ACCIDENT (Military time) hrs		c. EXACT LOCATION OF ACCIDENT		d. CONTRACTOR'S NAME
						(1) PRIME:
e. CONTRACT NUMBER		f. TYPE OF CONTRACT		g. HAZARDOUS/TOXIC WASTE ACTIVITY		(2) SUBCONTRACTOR:
<input type="checkbox"/> CIVIL WORKS <input type="checkbox"/> MILITARY		<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> SERVICE <input type="checkbox"/> A/E <input type="checkbox"/> DREDGE <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> SUPERFUND <input type="checkbox"/> DERP <input type="checkbox"/> IRP <input type="checkbox"/> OTHER (Specify)		
4. CONSTRUCTION ACTIVITIES ONLY (Fill in line and corresponding code number in box from list - see help menu)						
a. CONSTRUCTION ACTIVITY (CODE)				b. TYPE OF CONSTRUCTION EQUIPMENT (CODE)		
#				#		
5. INJURY/ILLNESS INFORMATION (Include name on line and corresponding code number in box for items e, f & g - see help menu)						
a. SEVERITY OF ILLNESS/INJURY (CODE)				b. ESTIMATED DAYS LOST	c. ESTIMATED DAYS HOSPITALIZED	d. ESTIMATED DAYS RESTRICTED DUTY
#						
e. BODY PART AFFECTED (CODE)				g. TYPE AND SOURCE OF INJURY/ILLNESS		
PRIMARY #				TYPE #		
SECONDARY #				SOURCE #		
f. NATURE OF ILLNESS / INJURY (CODE)						
#						
6. PUBLIC FATALITY (Fill in line and correspondence code number in box - see help menu)						
a. ACTIVITY AT TIME OF ACCIDENT (CODE)				b. PERSONAL FLOATATION DEVICE USED?		
#				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
7. MOTOR VEHICLE ACCIDENT						
a. TYPE OF VEHICLE		b. TYPE OF COLLISION			c. SEAT BELTS	
<input type="checkbox"/> PICKUP/VAN <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> SIDE SWIPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> BROADSIDE <input type="checkbox"/> ROLL OVER <input type="checkbox"/> BACKING <input type="checkbox"/> OTHER (Specify)			USED NOT USED NOT AVAILABLE (1) FRONT SEAT (2) REAR SEAT	
8. PROPERTY/MATERIAL INVOLVED						
a. NAME OF ITEM		b. OWNERSHIP			c. \$ AMOUNT OF DAMAGE	
(1)						
(2)						
(3)						
9. VESSEL/FLOATING PLANT ACCIDENT (Fill in line and correspondence code number in box from list - see help menu)						
a. TYPE OF VESSEL/FLOATING PLANT (CODE)				b. TYPE OF COLLISION/MISHAP (CODE)		
#				#		
10. ACCIDENT DESCRIPTION (Use additional paper, if necessary)						
See attached page.						

11. CAUSAL FACTOR(S) (Read Instruction Before Completing)					
a. (Explain YES answers in item 13) DESIGN: Was design of facility, workplace or equipment a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO OPERATING PROCEDURES: Were operating procedures a factor? <input type="checkbox"/> YES <input type="checkbox"/> NO JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO HUMAN FACTORS: Did any human factors such as, size or strength of person, etc., contribute to accident? <input type="checkbox"/> YES <input type="checkbox"/> NO ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		a. (CONTINUED) CHEMICAL AND PHYSICAL AGENT FACTORS: Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents, such as, noise, radiation, etc., contribute to accident? <input type="checkbox"/> YES <input type="checkbox"/> NO OFFICE FACTORS: Did office setting such as, lifting office furniture, carrying, stooping, etc., contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO SUPPORT FACTORS: Were inappropriate tools/resources provided to properly perform the activity/task? <input type="checkbox"/> YES <input type="checkbox"/> NO PERSONAL PROTECTIVE EQUIPMENT: Did the improper selection, use or maintenance of personal protective equipment contribute to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO DRUGS/ALCOHOL: In your opinion, was drugs or alcohol a factor to the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO b. WAS A WRITTEN JOB/ACTIVITY HAZARD ANALYSIS COMPLETED FOR TASK BEING PERFORMED AT TIME OF ACCIDENT? <input type="checkbox"/> YES (If yes, attach a copy.) <input type="checkbox"/> NO			
12. TRAINING					
a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. TYPE OF TRAINING. <input type="checkbox"/> CLASSROOM <input type="checkbox"/> ON JOB		c. DATE OF MOST RECENT FORMAL TRAINING. (Month) (Day) (Year)	
13. FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDENT; INCLUDE DIRECT AND INDIRECT CAUSES (See instruction for definition of direct and indirect causes.) (Use additional paper, if necessary)					
a. DIRECT CAUSE See attached page.					
b. INDIRECT CAUSE(S) See attached page.					
14. ACTION(S) TAKEN, ANTICIPATED OR RECOMMENDED TO ELIMINATE CAUSE(S).					
DESCRIBE FULLY: See attached page.					
15. DATES FOR ACTIONS IDENTIFIED IN BLOCK 14.					
a. BEGINNING (Month/Day/Year)			b. ANTICIPATED COMPLETION (Month/Day/Year)		
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPORT CORPS _____ CONTRACTOR _____		d. DATE (Mo/Da/Yr)	e. ORGANIZATION IDENTIFIER (Div, Br, Sect)	f. OFFICE SYMBOL	
16. MANAGEMENT REVIEW (1st)					
a. <input type="checkbox"/> CONCUR b. <input type="checkbox"/> NON CONCUR c. COMMENTS					
SIGNATURE		TITLE		DATE	
17. MANAGEMENT REVIEW (2nd - Chief Operations, Construction, Engineering, etc.)					
a. <input type="checkbox"/> CONCUR b. <input type="checkbox"/> NON CONCUR c. COMMENTS					
SIGNATURE		TITLE		DATE	
18. SAFETY AND OCCUPATIONAL HEALTH OFFICE REVIEW					
a. <input type="checkbox"/> CONCUR b. <input type="checkbox"/> NON CONCUR c. ADDITIONAL ACTIONS/COMMENTS					
SIGNATURE		TITLE		DATE	
19. COMMAND APPROVAL					
COMMENTS					
COMMANDER SIGNATURE				DATE	

10.

ACCIDENT DESCRIPTION *(Continuation)*

[Empty space for accident description]

13a.

DIRECT CAUSE *(Continuation)*

[Empty space for direct cause]

13b.

INDIRECT CAUSES (Continuation)

[Empty space for reporting indirect causes]

14.

ACTION(S) TAKEN, ANTICIPATED, OR RECOMMENDED TO ELIMINATE CAUSE(S) (Continuation)

[Empty space for reporting actions taken, anticipated, or recommended to eliminate causes]

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