CEPOD-SO

POD
IMMEDIATE REPORT OF ACCIDENT

SOHO USE ONLY
Date Recd': _____
Time Recd': _____

TO: _____ (COE Office) FROM: _____ DATE: _____

1. Name of Person Reporting: _____ (Print) Phone No.: _____
2. Location of Accident: _____
3. Date and Time of Accident: _____

   If this accident is being reported late,(24 hrs) Why? _____
4. Name of Injured (if any): _____
5. Nature of Injury: _____
6. Occupation (Injured Person): _____
7. Age (Injured Person): _____
8. Estimated Lost Time (Days): _____

   Was, return to light duty emphasized to the doctor? _____
9. Estimated Property Damage: _____
10. Contractor: _____ 10. Contract No.: _____
11. Board of Investigation Required: YES _____ 1. Fatal

    NO _____ 2. Three or more admitted to a hospital?

    3. Property damage of $200,000 or more?

    If yes, was immediate phone notifications to the Commander, Directorate and safety made? _____
12. Descripton of Accident: (continue on back if needed)Provide a narrative (Where,What,Why,How it Happened) so the Commander can get a understanding of the situation.

Who Investigated This Accident (Name): _____

Signature of Person Making Report: _____ Print Name: _____

Title of Person Making Report: _____ Phone No. to Reach: _____

Location of Person Making Report: _____

EDITION OF 1 JUN 98 IS OBSOLETE