

FASOTRAGRUPAC SUPERVISOR MISHAP REPORT

From:	To: SAFETY N7	Via: N___ DEPT.HEAD
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Name of Injured/Ill:	Sex:	Age:	Date:	Time:
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Injured/Ill Status:

Military on duty () Civilian on job ()
 Military off duty () Civilian not on job () Other ()

Type of Mishap:

Injury on duty () Illness Chemical exposure
 Home injury () Sport injury Motor vehicle ()
 Property damage () Other _____

Mishap Data:

Occupation _____ location of mishap _____
 Rate/Rank/Grade _____ Date stopped work _____
 SSN _____ Date returned to work _____
 Nature of injury/illness _____

Months job experience _____ # Days missed _____
 Medical attention yes () no () # Days hospitalized _____

Description of Mishap/Illness:

Corrective Action Taken:

Motor Vehicle Data (If involved): GMV PMV(
 Plate # _____ Year _____ Make _____ Model _____
 Vehicle/property damage (Estimate dollars) _____

Typed Name and Signature of Supervisor: _____ **Date:** _____

Typed Name and Signature of Dept. Head: _____ **Date:** _____