

Environmental Factors - Did heat, cold, dust, sun, glare, etc., contribute to the accident?

Chemical & Physical Agent Factors - Did exposure to chemical agents, such as dust, fumes, mists, vapors or physical agents such as noise, radiation, etc., contribute to the accident?

Office Factors - Did office setting such as lifting office furniture, carrying, stopping, etc., contribute to the accident?

Support Factors - Were inappropriate tools/resources provided to properly perform the activity task?

Personal Protective Equipment - Did the improper selection use, or maintenance of personal protective equipment contribute to the accident?

Drugs/Alcohol - In your opinion, were drugs or alcohol a factor?

Activity Hazard Analysis - Was the lack of an adequate (IAW EM 385-1-1 Sec 01.A.09) Activity Hazard Analysis a contributing factor?
- Was it site specific and address the type of work/operations performed when the mishap occurred?

Management - Did the lack of adequate supervision contribute to the accident?

- Was inadequate information provided at pre-con meeting?

8. Training:

A. Was/were person(s) trained to perform activity/task?		

B. Type of training?

C. Date of most recent formal training? / /

D. List topics discussed

9. Fully Explain What Allowed or Caused The Accident, Include Direct and Indirect Causes:

A. Direct Cause

B. Indirect Cause

C. Action(s) taken to prevent re occurrences or provide on-going corrective actions.

D. Corrective Action Dates	

(1) Beginning (Mo/Da/Yr) / /

(2) Anticipated Completion Date (Mo/Da/Yr) / /

10. OSHA

A. Date OSHA was notified / /	C. Date of OSHA Citation / /
B. Date OSHA Investigated / /	D. \$ Amount of Penalties:

11. Report Preparer

Print Name & Title of Supervisor Completing Report

Signature: _____

Date (Mo/Da/Yr) _____

12. Management Review (Contracting Officer)

A. <input type="checkbox"/> Accepted	B. <input type="checkbox"/> Amendments Required	C. <input type="checkbox"/> Comments (include program improvements required for your Command. NAVFACHQ Construction Safety Program and EM 385-1-1)
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D. Print Name & Title of Official Completing Report

Signature: _____

Date: (Mo/Da/Yr) _____

13. Safety And Occupational Health Officer Review

A. <input type="checkbox"/> Concur B. <input type="checkbox"/> Non Concur	C. <input type="checkbox"/> Additional Actions/Comments
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D. Print Name & title of Safety Personnel Reviewing

Signature: _____

Date (Mo/Da/Yr) _____

