**INCIDENT MISHAP REPORTING RECORD (ICS 237-CG rev 07/13) 1. Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Date/Time:** \_\_\_\_\_\_\_\_\_\_\_\_ **3.Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4. CG Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. OPFAC:** \_\_\_\_\_\_\_\_\_\_ **6. Name of Injured: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **7.Age:**\_\_\_\_ **8. M / F 9.Rank/Rate/Grade:**\_\_\_\_\_\_\_

(If known) (If Applicable – Print Last, First, MI) (If Applicable) (circle) (If Applicable)

**10. Narrative of Mishap:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **11. Part(s) of Body Injured** (if applicable): | □ Abdomen □ Chest □ Back□ Lungs□ Int. Organs□ Head |
| □ Neck□ Eyes□ Ear □ Hip/Pelvis□ Leg□ Knee□ Ankle□ Foot□ Toes□ Shoulder□ Arm □ Elbow □ Hand □ Wrist □ Finger□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nature of Injury:**  | Days Hospitalized: | **\_\_\_\_\_** | Lost Work Days (NFFD/SIQ): | **\_\_\_\_\_\_** | Days Restricted (FFLD): | **\_\_\_\_\_\_** |
| □ Abrasion □ Concussion □ Paralysis □ Bruise □ Cut □ Puncture □ Sprain □ Absorption □Ingestion □ Burn□ Amputation □ Dislocation □ Fracture □ Inhalation  □ Gunshot Wound□ Electrical Shock □ Loss of Consciousness□ Occupational Illness |
| **Personal Protective Equipment (PPE): Circle R = PPE Required and/or U = PPE Utilized**  |
| R / U - Hearing R / U - Seat Belt R / U - Head R / U - PFD R / U - Hand R / U - Eye R / U - Foot R / U - Respirator R / U - Fall/Harness R / U - Other: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_* |
| **12. Damaged Property/Estimated Cost** | □ | CG Property | □ | Non-CG Property | Op Days Lost: | \_\_\_\_\_\_ | Cost Est | $\_\_\_\_\_\_\_\_ |
| □ | Aircraft | □ | Aton | □ | Boats | □ | Buildings | □ | Cutter | □ | Equipment | □ | Piers | □ | Vehicles |
| **List Damaged Property**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**13. Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **14. Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **15. Rank/Rate/Grade:** \_\_\_\_\_\_\_\_\_

 (Person completing form) (Person completing form – Print)

**16. ICS Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **17. Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **18. Report #:** \_\_\_\_\_\_\_\_\_\_\_\_

 (Person completing form – Print) (Person completing form – Print) .

 Original - Safety Officer Copy 1 - HSWL Service Center (se) Copy 2 - Retained by member

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