**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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

**FOR OFFICIAL USE ONLY (FOUO) -** [**https://hswl.uscg.mil/**](https://hswl.uscg.mil/) **SEE PRIVACY ACT NOTICE**