



**SAFETY &
OCCUPATIONAL
HEALTH**



ENG 3394
PREPARATION



GOVERNING REGULATIONS



DoDI 6055.7 – **Accident Investigation, Reporting, & Recordkeeping**

AR 385-10 – **The Army Safety Program**

DA PAM 385-40 – **Army Accident Investigations & Reporting**

ER 385-1-99 – **Accident Investigation & Reporting**

EM 385-1-1 – **Safety and Health Requirements**





USACE ACCIDENT



A **USACE accident is** defined as an unplanned event, or series of events, which results in one or more of the following:

OCCUPATIONAL ILLNESS TO
USACE MILITARY OR CIVILIAN
PERSONNEL

INJURY TO ON-DUTY USACE
CIVILIAN PERSONNEL

INJURY TO USACE MILITARY
PERSONNEL ON OR OFF-DUTY

INJURY TO VOLUNTEERS

DAMAGE TO USACE PROPERTY

DAMAGE TO PUBLIC OR PRIVATE
PROPERTY OR INJURY TO PUBLIC

INJURY OR OH ILLNESS TO ON-
DUTY CONTRACTOR EMPLOYEES
SUPERVISED BY USACE
PERSONNEL

INJURY / OH TO ON-DUTY
CONTRACTORS + WHERE
REPORTING TO USACE IS
CONTRACTUALLY REQUIRED.

INJURY OR DEATH TO MEMBERS
OF THE PUBLIC WHO ARE
RECREATING AT USACE-OWNED /
OPERATED AREAS

Note: Mishap is synonymous with accident.



ACCIDENT TYPES



REPORTABLE ACCIDENT

All occurrences that cause injury, occupational illness, or property damage of any kind must be reported to the employee's supervisor and SOH office.

RECORDABLE ACCIDENT

Reportable accident that meets the **minimum criteria** stated in the regulation **for aviation and ground Class A through E accidents.**

NEAR MISS

A potentially serious mishap or incident that could have resulted in personal injury, death, or property damage, damage to the environment or illness but did not occur due to one or more factors.

TAKEAWAY: All accidents are reportable, but not all accidents are recordable.



ACCIDENT CLASSIFICATION



CLASS DEFINITION – AN ARMY ACCIDENT IN WHICH:

SIB

A

- 1) The total cost of property damage of **\$2,500,000** or more;
- 2) An Army aircraft is destroyed, missing or abandoned;
- 3) An injury and/or occupational illness results in a **fatality or permanent total disability**.

SIB

B

- 1) The total cost of property damage of **\$600,000 or more**, but **less than \$2,500,000**;
- 2) An injury and/or occupational illness that results in **permanent partial disability**; or
- 3) When **3 or more personnel are hospitalized** as inpatients as the result of a single occurrence.

C

- 1) The resulting total cost of property damage is **\$60,000 or more** but **less than \$600,000**;
- 2) A nonfatal injury or occupational illness that causes **1 or more days away from work** or training beyond the day or shift on which it occurred; or
- 3) Disability at any time** (that does not meet the definition of Class A or Class B and is a day(s)-away-from-work case).

D

- 1) The resulting total cost of property damage is **\$25,000 or more** but **less than \$60,000**;
- 2) A nonfatal injury or illness results in restricted work, transfer to another job, medical treatment greater than first aid, needle stick injuries, and cuts from sharps that are contaminated from another person's blood or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss; or
- 3) A **work-related tuberculosis case**.

E

Total cost of property damage is **\$5,000 or more** but **less than \$25,000**.

F

Aviation Only

- 1) The resulting total cost of property damage is **\$5,000 or more** but **less than \$20,000**.
- 2) Recordable incidents are **confined to aircraft turbine engine damage** because of unavoidable internal or external foreign object damage, where that is the only damage (does not include installed aircraft auxiliary power units).

Recordable Public Fatality

Results in the death of one or more members of the public who are recreating at USACE-owned or operated areas where CFR Title 36, Chapter III, Part 327, "Parks, Forests, and Public Property" is applicable. These accidents are recordable and require a Accident Notification and an accident investigation report.



THREE REPORT TYPES ON ENG 3394



1. WHO IS REPORTING MISHAP

a. Name: b. Phone number:

c. Email address: d. Signature:

- 1. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.)
- 2. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.)
- 3. Final Accident Report. (For reporting findings from accident investigation, complete full form.)

Date:
Date:
Date:

e. Report type:

f. Mishap Type. (Check all that apply)

Fatality Injury/Illness Property Damage Near Miss

g. Were any of the following items associated with the mishap? Yes No (If yes, check all that apply)

Electrical and/or Hazardous Energy Working at Heights Diving Load Handling Equipment or Rigging Occupational Health Exposure



THREE REPORT TYPES ON ENG 3394



1. WHO IS REPORTING MISHAP

a. Name: b. Phone number:

c. Email address: d. Signature:

- e. Report type:
- 1. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.) Date:
 - 2. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.) Date:
 - 3. Final Accident Report. (For reporting findings from accident investigation, complete full form.) Date:

f. Mishap Type. (Check all that apply)

- Fatality Injury/Illness Property Damage Near Miss

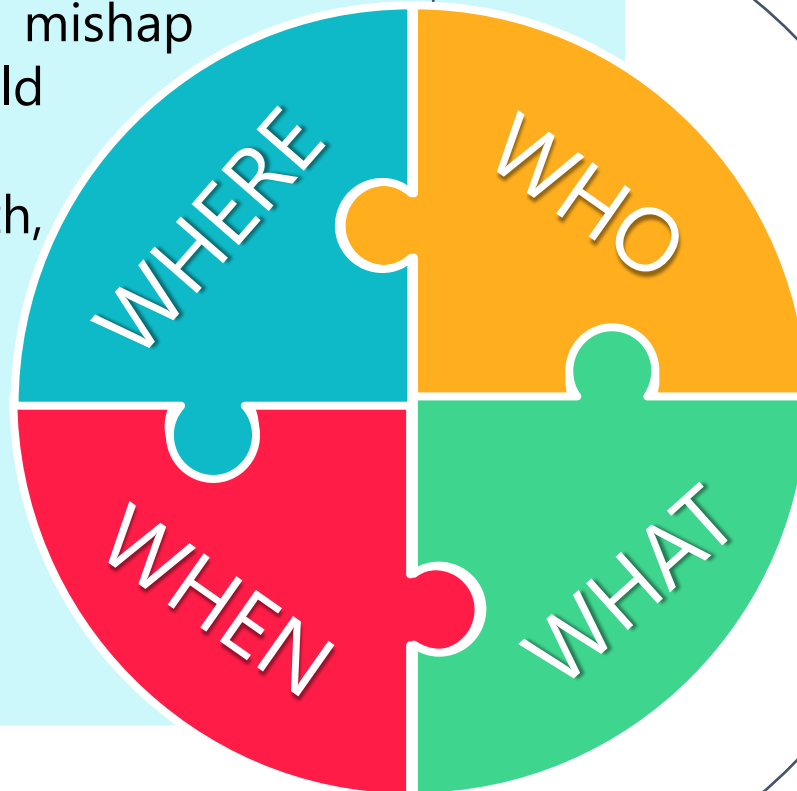
g. Were any of the following items associated with the mishap? Yes No (If yes, check all that apply)

- Electrical and/or Hazardous Energy Working at Heights Diving Load Handling Equipment or Rigging Occupational Health Exposure

THREE REPORT TYPES ON ENG 3394

1. Near Miss:

Used for reporting and investigation a potentially serious mishap or incident that could have resulted in personal injury, death, property damage, damage to the environment or illness but did not occur due to one or more factors.



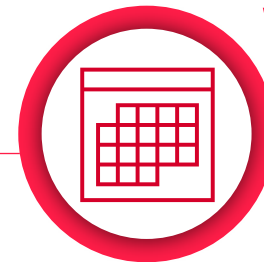
Who was involved?

Details of who was involved



What happened?

Detailed report of what happened



When did it happen?

Details of when the event occurred



Where did it happen?

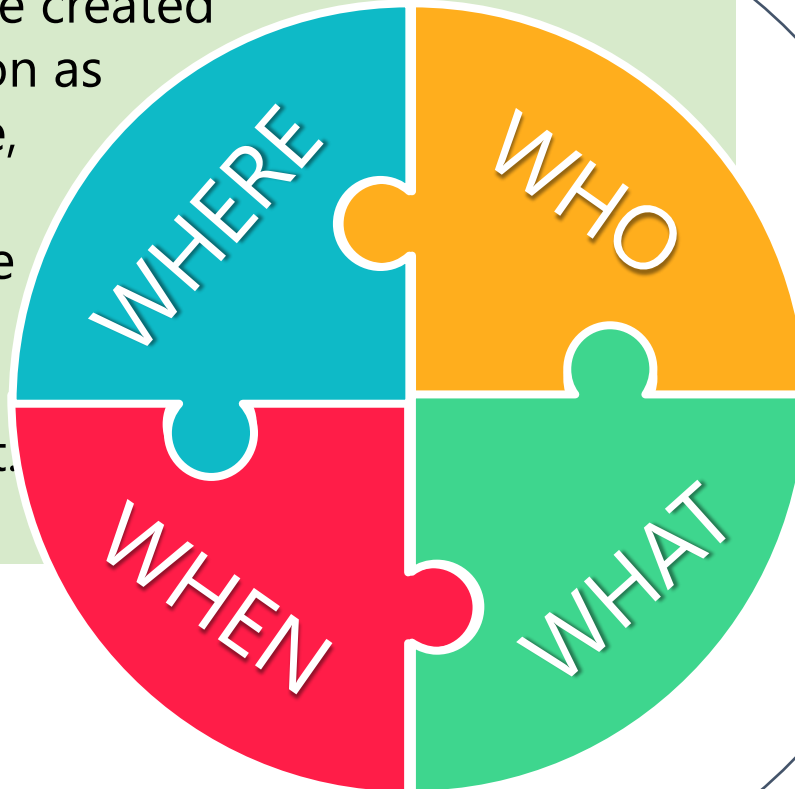
Clear description of exact location where event occurred.

Note: Depending on potential seriousness of near miss a more in-depth investigation may be needed. The assessment of WHY the near miss occurred can be conducted.

THREE REPORT TYPES ON ENG 3394

2. Initial Accident Report (IAR):

Used for reporting initial/ preliminary information. Can be created and released as soon as reasonably possible, but no later than seven days after the accident, in ENGLink for each recordable accident.



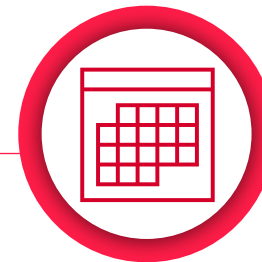
Who was involved?

Details of who was involved



What happened?

Detailed report of what happened



When did it happen?

Details of when the event occurred



Where did it happen?

Clear description of exact location where event occurred.

Note: If the accident meets the USACE definition of a Class A or B accident, a IAR and ROSA will be automatically populated.

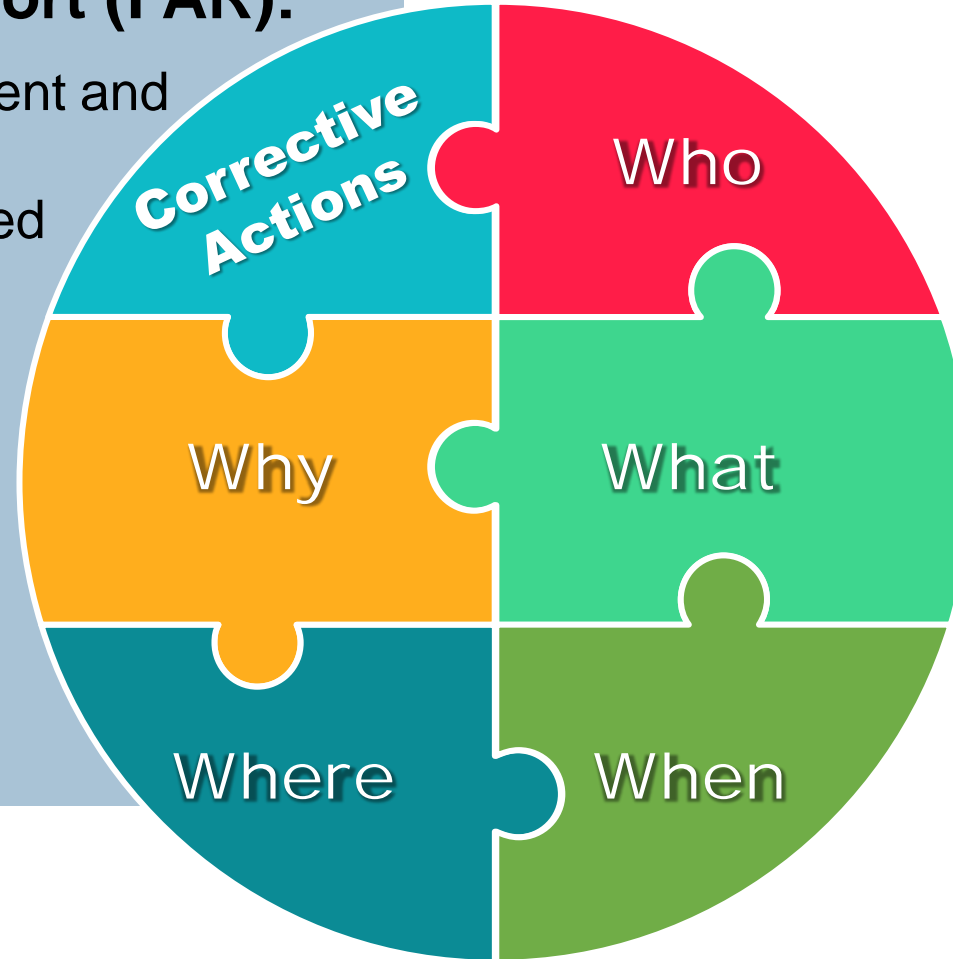


THREE REPORT TYPES ON ENG 3394



3. Final Accident Report (FAR):

Used for reporting all accident and investigation information. Can be created and released as soon as reasonably possible, but no later than 45 days after the accident in ENGLink. This must be completed for all recordable accident.

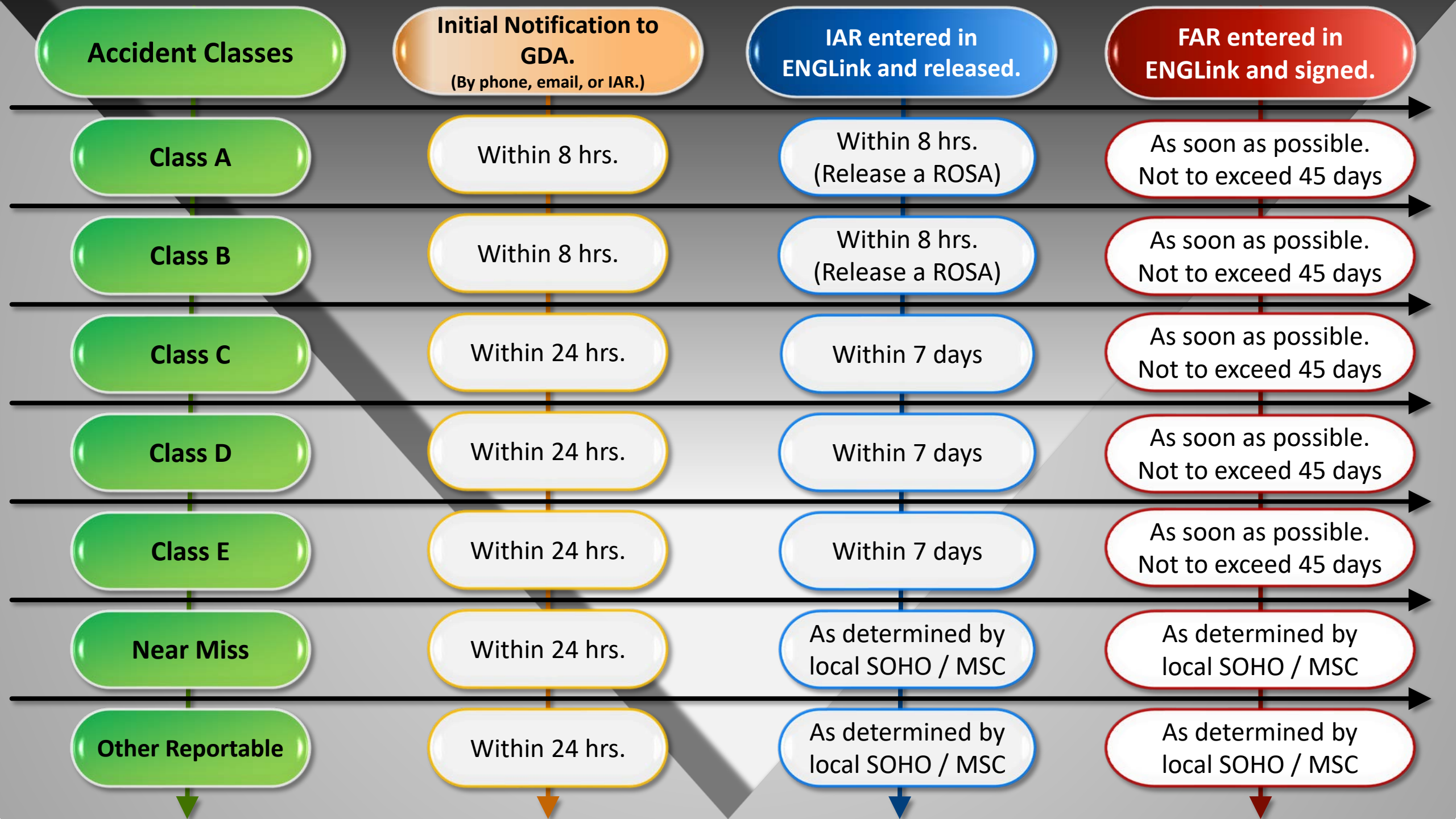


- Who was involved?**
Details of who was involved
- What happened?**
Detailed report of what happened
- When did it happen?**
Details of when the event occurred
- Where did it happen?**
Clear description of exact location where event occurred.
- Why did it happen?**
Determine the causal factors that led to event occurring.
- What corrective actions are needed to prevent reoccurrence?**
Describe all steps taken or planned to prevent reoccurrence.

Note: If more time is needed to complete FAR the local safety office may extend the seven days and permit more as needed. The IAR must be completed within seven days.



**Required
Notification
Timeline**





SECTION 1 ENG 3394



1. WHO IS REPORTING MISHAP

a. Name: b. Phone number:

c. Email address: d. Signature:

1. Near Miss Report. (No injury/illness, or property damage. Complete all fields with underlined text.) Date:

2. Initial Accident Report. (For accident notification within 24 hrs, Complete all fields with underlined text.) Date:

3. Final Accident Report. (For reporting findings from accident investigation, complete full form.) Date:

f. Mishap Type. (Check all that apply)

Fatality

Injury/Illness

Property Damage

Near Miss

g. Were any of the following items associated with the mishap? Yes No (If yes, check all that apply)

Electrical and/or Hazardous Energy

Working at Heights

Diving

Load Handling Equipment or Rigging

Occupational Health Exposure



SECTION 2 ENG 3394



2. WHO WAS INVOLVED IN THIS MISHAP?			
a. Name: <input type="text"/>			
b. Personnel Classification: <input type="text"/>		c. Time employee began work: <input type="text"/>	
d. Gender: <input type="text"/>	e. Date of birth (for Government personnel only): <input type="text"/>		f. Age: <input type="text"/>
g. Date hired: <input type="text"/>		h. Primary language: <input type="text"/>	
i. Is individual a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		j. Duty status at time of mishap: <input type="text"/>	k. Years experience in job: <input type="text"/>
l. What was individual doing when mishap occurred? (Select activity from the drop down)			
1. General activities: <input type="text"/>		Vehicle/Equipment/Vessel: <input type="text"/>	
3. Sports / Recreation: <input type="text"/>		Other not listed: <input type="text"/>	
m. Did individual utilize all OSHA / EM 385-1-1 required Personnel Protective Equipment (PPE) for activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If no, identify missing PPE: <input type="text"/>			
n. Was a Personal Flotation Device used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		o. Was a seat belt used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

- On duty
- On duty (TDY)
- Off duty
- Off duty (TDY)
- Not applicable



SECTION 2 CONTINUED ENG 3394



p. Government personnel only:			
1. Job series:	<input type="text"/>	2. Rank:	<input type="text"/>
		3. Grade:	<input type="text"/>
4. Center / Division / Lab:	<input type="text"/>	5. District:	<input type="text"/>
q. Contractor personnel only:			
1. Employer / Contractor name:	<input type="text"/>		
2. Individual's occupation / trade:	<input type="text"/>	Other not listed:	<input type="text"/>
r. If mishap occurred on a contractor site, provide the following:			
1. Prime Contractor name:	<input type="text"/>		
2. Contract number:	<input type="text"/>	3. Contract type:	<input type="text"/>
		4. Funding type:	<input type="text"/>



SECTION 3 ENG 3394



3. WHAT TYPE OF INJURY / ILLNESS OCCURED?

a. Severity of injury/illness? b. Type of Injury/Illness:

c. Identify body part(s) affected by injury / illness:

Primary body part affected:

Secondary body part affected:

Brain/Head/Skull

Ear

Eye

Face

Forehead

Cheek(s)

Chin

Mouth

Tooth/Teeth

Emergency room ? Yes No N/A

Country:

Was OSHA notified? Yes No

Note: OSHA requires reporting all work-related fatalities within 8 hours and in-patient hospitalizations, amputations and loss of an eye within 24 hours to OSHA.

j. Estimated days away from work: k. Estimated days of restricted / transferred duty:



SECTION 3 CONTINUED ENG 3394



3. WHAT TYPE OF INJURY / ILLNESS OCCURED?	
a. Severity of injury/illness? <input type="text"/>	b. Type of Injury/Illness: <input type="text"/>
c. Identify body part(s) affected by injury / illness:	
Primary body part affected: <input type="text"/>	Secondary body part affected: <input type="text"/>
d. Identify cause and source of injury Cause of injury / illness: <input type="text"/>	<div style="border: 2px solid red; padding: 5px;"><ul style="list-style-type: none">Brain/Head/SkullEarEyeFaceForeheadCheek(s)ChinMouthTooth/Teeth</div>
e. Was employee treated by a physician? If yes, provide name of physician: <input type="text"/>	
f. Was treatment given away from work?	
h. If treatment was given away from work: Treatment facility name: <input type="text"/>	
Address: <input type="text"/>	
City: <input type="text"/>	
i. Was employee hospitalized as a result of injury/illness?	
Note: OSHA requires reporting all work-related injuries and illnesses.	
j. Estimated days away from work: <input type="text"/>	



SECTION 3 CONTINUED ENG 3394



3. WHAT TYPE OF INJURY / ILLNESS OCCURED?

a. Severity of injury/illness? b. Type of Injury/Illness:

c. Identify body part(s) affected by injury / illness:

Primary body part affected:

Secondary body part affected:

d. Identify cause and source of injury / illness:

Cause of injury / illness:

Source of injury / illness:

Absorbed

Bitten By

Bodily Reaction

Caught In/ Under/ Between

Cut/Punctured By

Exposure

External Contact

Fall from Elevation

? Yes No

employee treated in an emergency room ? Yes No N/A

(Government Personnel Only)

Zip: Country:

es, how many nights? Was OSHA notified? Yes No

tient hospitalizations, amputations and loss of an eye within 24 hours to OSHA.

k. Estimated days of restricted / transferred duty:



SECTION 3 CONTINUED ENG 3394



3. WHAT TYPE OF INJURY / ILLNESS OCCURED?

a. Severity of injury/illness? b. Type of Injury/Illness:

c. Identify body part(s) affected by injury / illness:

Primary body part affected:

Secondary body part affected:

d. Identify cause and source of injury / illness:

Cause of injury / illness:

Source of injury / illness:

e. Was employee treated by a physician or health care professional provider?

If yes, provide name of physician or health care professional provider?

f. Was treatment given away from work site? Yes No g. Was employee

h. If treatment was given away from the work-site, where was it given? (For Govern

Treatment facility name:

Address:

City: State: Zip:

i. Was employee hospitalized as an in-patient? Yes No If yes, how

Note: OSHA requires reporting all work-related fatalities within 8 hours and in-patient hos

j. Estimated days away from work: k. Estim

- Aircraft
- Animal
- Asbestos
- Boat, Ship, Barge, Dredge
- Building or Working Area
- Chemical
- Confined Space
- Conveyor



SECTION 4 ENG 3394



4. WHAT HAPPENED?

a. What was the primary activity occurring at the time of the mishap?

Other, not listed:

b. What happened? Provide a detailed description of the mishap. (Do not include any personally identifiable information (name, etc.).)

Note: Provide supporting photos, charts, diagrams, etc. with this report.

c. What other organizations or agencies have been notified about this mishap?



SECTION 4 CONTINUED ENG 3394



4. WHAT HAPPENED?

a. What was the primary activity occurring at the time of the mishap?

Other, not listed:

b. What happened? Provide a detailed description of the mishap. (Do not include any personally identifiable information (name, etc.).)

- Office work
- Housekeeping
- Food service
- Working on access / Haul Road
- Working with Hazardous or Toxic Agents and Environments
- Abrasive Blasting
- Working with Flammable Liquids
- Using a heating device or melting kettle

Note: Provide supporting photos, charts, diagrams, etc. with this report.

c. What other organizations or agencies have been notified about this mishap?



SECTION 5 ENG 3394



5. WHAT TYPE OF PROPERTY / MATERIAL WAS INVOLVED?

a. List all property / material involved in the mishap. (Include damaged and undamaged property.)

	<i>Item A</i>	<i>Item B</i>	<i>Item C</i>
i. Type of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Name of item(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Event type:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Ownership of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Dollar cost of damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 5 CONTINUED ENG 3394



5. WHAT TYPE OF PROPERTY / MATERIAL WAS INVOLVED?

a. List all property / material involved in the mishap. (Include damaged and undamaged property.)

	<i>Item A</i>	<i>Item B</i>	<i>Item C</i>
i. Type of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Name of item(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Event type:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Ownership of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Dollar cost of damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Aerial Lift
- Barge
- Compressor
- Diving Equipment
- Dredge
- Floating Plant
- Fuel System Component/s
- Hand Tool (Non-Powered)



SECTION 5 CONTINUED ENG 3394



5. WHAT TYPE OF PROPERTY / MATERIAL WAS INVOLVED?

a. List all property / material involved in the mishap. (Include damaged and undamaged property.)

	<i>Item A</i>	<i>Item B</i>	<i>Item C</i>
i. Type of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Name of item(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Event type:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Ownership of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Dollar cost of damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Going Forward
- Backing / Reversing
- Collision with pedestrian
- Collision with object
- Overtuned
- Ran off the road
- Jackknifed
- Collision while turning



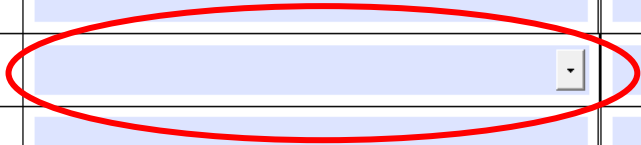
SECTION 5 CONTINUED ENG 3394



5. WHAT TYPE OF PROPERTY / MATERIAL WAS INVOLVED?

a. List all property / material involved in the mishap. (Include damaged and undamaged property.)

	<i>Item A</i>	<i>Item B</i>	<i>Item C</i>
i. Type of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Name of item(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Event type:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other not listed:	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv. Ownership of item:	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Dollar cost of damage:	<input type="text"/>	<input type="text"/>	<input type="text"/>



Commercial / Private
Contractor
Foreign Government
USACE / Army
Other



SECTION 6 & 7 ENG 3394



6. WHEN DID THE MISHAP OCCUR?

a. Date the mishap occurred:	<input type="text"/>	b. Time mishap occurred:	<input type="text"/>
c. What day did mishap occur on?	<input type="text"/>	d. What period of day did mishap occur?	<input type="text"/>

7. WHERE DID THE MISHAP OCCUR?

a. Did the mishap occur on a military Base/Post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
b. USACE Office / Project name:	<input type="text"/>						
c. Select the location type most closely associated with the mishap:	<input type="text"/>						
d. Identify exact location where mishap occurred:	<input type="text"/>						
Address:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	Country:	<input type="text"/>
e. Latitude:	<input type="text"/>	f. Longitude:	<input type="text"/>				



SECTION 8 ENG 3394



8. WHY DID THE MISHAP OCCUR? (Recommend completing this section for Near Misses.)

A. Performance Causal Factors

1. Did a problem with performance contribute to this mishap occurring? Yes No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

B. Support Causal Factors

1. Did a problem with resources contribute to this mishap occurring? Yes No

If yes, select the error that contributed most to the mishap:

2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):

C. Standards / Policy / Planning Causal Factors

1. Did an organizational standard / policy / or plan contribute to this mishap occurring? Yes No

If yes, select the error that contributed most to the mishap:

2. Was a written Activity Hazard Analysis (AHA) or equivalent completed and accepted by Government Designated Authority (GDA) for task(s) being performed at time of mishap? (If yes, attach a copy to this report) Yes No

If yes, was the AHA available and used by worker? Yes No

3. Was a written work plan (critical lift plan, fall protection plan, etc.) required, completed and accepted by the GDA for task(s) being performed at time of mishap? Yes No

If yes, was the plan available and used by worker? Yes No



SECTION 8 CONTINUED ENG 3394



8. WHY DID THE MISHAP OCCUR? (Recommend completing this section for Near Misses.)	
A. Performance Causal Factors	
1. Did a problem with performance contribute to this mishap occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	This area is where you will list all actions that will be taken to prevent reoccurrence.
B. Support Causal Factors	
1. Did a problem with resources contribute to this mishap occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>
C. Standards / Policy / Planning Causal Factors	
1. Did an organizational standard / policy / or plan contribute to this mishap occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Was a written Activity Hazard Analysis (AHA) or equivalent completed and accepted by Government Designated Authority (GDA) for task(s) being performed at time of mishap? (If yes, attach a copy to this report) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was the AHA available and used by worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Was a written work plan (critical lift plan, fall protection plan, etc.) required, completed and accepted by the GDA for task(s) being performed at time of mishap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was the plan available and used by worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	



SECTION 8 CONTINUED ENG 3394



D. Training Causal Factors	
1. Did a problem with training contribute to this mishap occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Was individual trained to perform the activity / task? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select type of training:	<input type="checkbox"/> Classroom <input type="checkbox"/> Certification/License <input type="checkbox"/> On the job
	<input type="checkbox"/> Other, describe: <input type="text"/>
	What was date of most recent training? <input type="text"/>
3. Describe action(s) taken, anticipated or recommended to eliminate cause(s): <input type="text"/>	
E. Leader / Supervisor Causal Factors	
1. Did any leader / supervisory mistake / task error contribute to this mishap occurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Did the safety climate/culture contribute to the mishap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did challenges with teamwork contribute to the mishap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Describe action(s) taken, anticipated or recommended to eliminate cause(s): <input type="text"/>	



SECTION 8 CONTINUED ENG 3394



E. Leader/Supervisor Causal Factors	
1. Did any leader/supervisory mistake/task error contribute to this mishap occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Did the safety climate/culture contribute to the mishap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did challenges with teamwork contribute to the mishap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>
F. Individual Causal Factors	
1. Did any individual mistakes/task errors contribute to this mishap occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>
G. Physical Environment Causal Factors	
1. Did any physical environment contribute to this mishap occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>
H. Material Causal Factors	
1. Did any material failure contribute to this mishap occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the error that contributed most to the mishap: <input type="text"/>	
2. Which failure is most closely associated with the material failure/malfunction?	<input type="text"/>
3. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>
I. Environmental Causal Factors	
1. Did any environmental condition contribute to this mishap occurring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select the factor that contributed most to the mishap: <input type="text"/>	
2. Describe action(s) taken, anticipated or recommended to eliminate cause(s):	<input type="text"/>



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9. Corrective Action plan	
a. Have all corrective action(s) to prevent mishap recurrence been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What person is / was responsible for corrective action plan?	
c. What date will / have all corrective action(s) be/been completed by:	
d. Additional information:	
10. Additional Information	