

SUPERVISOR'S MISHAP REPORT

Authority: Executive Order 12196, 29 CFR 1960, 10 USC 8013, DoDI 6055.07 and AFI 91-204. **Privacy Act:** This form requires collecting and maintaining information protected by the Privacy Act of 1974. Form will be safeguarded from unauthorized disclosure. **Purpose:** To assist safety professionals in making identification of individuals and to obtain required personal information to complete mishap reports. **Routine Use:** Used to (a) Establish the severity of injury/illness and to ensure proper reporting accountability within the Department of the Air Force; (b) Identify causes of illness/injuries so supervisors and functional managers can take appropriate action to eliminate or control unsafe and unhealthy conditions; (c) Prepare statistical and historical reports as required by Executive Order 12196 and Department of Defense; (d) Provide documentation for cumulative summation of treatment causes. **Disclosure:** Voluntary, however failure to provide requested information may delay appropriate corrective action to ensure personal safety and reporting mishap to AFSEC.

MISHAP DATA INFORMATION

1. NAME (Last, First, Middle Initial) <input style="width: 90%;" type="text"/>		2. GRADE/RANK <input style="width: 80%;" type="text"/>	3. AGE <input style="width: 40%;" type="text"/>	4. SEX <input style="width: 80%;" type="text"/>
5. UNIT/OFFICE SYMBOL <input style="width: 80%;" type="text"/>	6. DAFSC/OCC SERIES <input style="width: 80%;" type="text"/>	7. JOB TITLE <input style="width: 90%;" type="text"/>		8. DUTY PHONE <input style="width: 80%;" type="text"/>
9. DATE OF MISHAP <input style="width: 80%;" type="text"/>	10. TIME OF MISHAP (24hr Format) <input style="width: 80%;" type="text"/>	11. MISHAP OCCURRED <input style="width: 80%;" type="text"/>	12. ON/OFF DUTY <input style="width: 80%;" type="text"/>	13. DUTY STATUS <input style="width: 80%;" type="text"/>
14. DAYS SCHEDULED TO WORK (check all that apply) <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT		15. WORK SHIFT HOURS (24hr Format) <input style="width: 40%;" type="text"/> to <input style="width: 40%;" type="text"/>		16. HOURS ON DUTY PRIOR TO MISHAP <input style="width: 80%;" type="text"/>
17. WEATHER CONDITIONS <input style="width: 80%;" type="text"/>	18. LIGHT CONDITIONS <input style="width: 80%;" type="text"/>	19. # DAYS SINCE LAST DEPLOYMENT/TDY <input style="width: 40%;" type="text"/>	20. # DAYS DEPLOYED/TDY IN LAST 365 DAYS <input style="width: 80%;" type="text"/>	
21. LOCATION OF MISHAP SITE (bldg. #, room, street name, intersection, parking lot, home, work, etc.) <input style="width: 95%; height: 40px;" type="text"/>				
22. DESCRIPTION OF MISHAP (who, what, when, where, and why; indicate the cause (s); if more space is needed use separate sheet (s) of paper) <input style="width: 95%; height: 80px;" type="text"/>				
23. WITNESSES <input style="width: 80%;" type="text"/>	24. WITNESS NAME(S) <input style="width: 95%; height: 30px;" type="text"/>			
25. DISPOSITION OF INDIVIDUAL (check all that apply to include the number of days) <input type="checkbox"/> No Medical Treatment needed or sought <input type="checkbox"/> Returned to restricted duty <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Admitted to Hospital <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Treated and released back to regular duty hours <input type="checkbox"/> Placed on quarters <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> Place on con leave for <input style="width: 40px;" type="text"/> number of days <input type="checkbox"/> First/Self aid only Comments <input style="width: 90%; height: 30px;" type="text"/>			26. TYPE OF INJURY/INJURIES (i.e., bruise, fracture, cut, sprain, etc.) <input style="width: 95%; height: 80px;" type="text"/>	
			27. BODY PART(S) INJURED (i.e., lower back, head, right knee, etc.) <input style="width: 95%; height: 80px;" type="text"/>	

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28. TOX TESTING

29. TREATMENT (also, indicate whether medications were prescribed)

PROPERTY DAMAGE

30. PROPERTY DESCRIPTION (includes serial #/part number)

31. VEHICLE DESCRIPTION

YEAR

MAKE

MODEL

REGISTRATION #

32. SPECIFICATIONS

33. SELECT TYPE/DATE OF TRAINING

34. PROPERTY & VEHICLE DAMAGE DESCRIPTION

35. COST OF REPAIR & MATERIALS COST

36. SEATBELT USED

37. PPE USED

38. SPEEDING

39. ALCOHOL INVOLVED

40. ENTERED IN MUSTT

41. MAJCOM unique items

SUPERVISOR, UNIT SAFETY REPRESENTATIVE, COMMANDER AND SAFETY OFFICE REVIEW AND SIGNATURE

SUPERVISOR'S NAME, GRADE/RANK

DUTY PHONE

SIGNATURE

UNIT SAFETY REPRESENTATIVE'S NAME, GRADE/RANK

DUTY PHONE

SIGNATURE

COMMANDER'S NAME, GRADE/RANK

DUTY PHONE

SIGNATURE

COMMENTS

FOR SAFETY OFFICE USE ONLY

REPORTABLE

AFSAS-NUMBER

MISHAP CLASS

DATE MISHAP REPORTED TO SAFETY

NON-REPORTABILITY REFERENCE

SIGNATURE