

MSFC "FLASH" MISHAP REPORT

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| Date of Mishap (mm/dd/yyyy): | Time of Mishap: | |
| Location: | Building Number: | Room Number: |
| Responsible Supervisor: | Organization: | Phone: |

Has the supervisor been notified? Yes No Do Not Know

DESCRIPTION OF MISHAP

Incident Description: *(Do not use actual names. Include in the description the sequence of events, extent of injury or property damage, cause, etc., if known.)*

INJURED

Name(s) of Injured: *(NOTE: Employee name is subject to the Privacy Act of 1974, as amended.)*

MISHAP CATEGORIES

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| <input type="checkbox"/> Fatality or hospitalization of 3 or more employees. | <input type="checkbox"/> Damage will exceed \$25K. |
| <input type="checkbox"/> Injury with potential lost time on days beyond the day of the event. | <input type="checkbox"/> Damage of less than \$25K. |
| <input type="checkbox"/> Injury with no potential for lost time. | <input type="checkbox"/> High potential for a mishap but there was no injury, not interruption of work, and any damage will be less than \$1K. |

SUBMITTED BY:

| | | |
|-----------------|-------|---------------|
| Name: | Date: | Organization: |
| E-mail Address: | | Phone: |