FOR OFFICIAL USE ONLY

OPNAV Safety Report (SR)

This is a general use Safety Report (SR) to be used only for safety purposes as defined in OPNAVINST 5100.23D

From:

To: Commander
Naval Safety Center
375 A Street
Norfolk, VA 23511-4399

Class Mishap: *(Check one)* ☐ **B,** ☐ **C,** or ☐ **CHEMTOX**

A. MISHAP INFORMATION

1. UIC of reporting activity:

2. UIC of where mishap occurred:

3. Category of mishap: *Enter as many as applicable*

26 ADMIN/OFFICE
12 CARGO HANDLING
07 CHEMICAL/TOXIC EXPOSURE
22 COLLISION WITH CRAFT (SERVICE CRAFT AND SMALL BOATS)
13 DECK SEAMANSHIP
05 ELECTRICAL (BURNS/SHOCK)
15 EQUIPMENT INSTALLATION/ REPAIR MAINTENANCE
16 EQUIPMENT OPERATION
02 EXPLOSION
01 FIRE
03 FLOODING
08 GROUNDING (SERVICE CRAFT AND SMALL BOATS)
11 HEAVY WEATHER
23 IMPACT OBJECT (SERVICE CRAFT AND SMALL BOATS)
17 INDUSTRIAL
19 MAN-OVER-THE-SIDE
06 MAN-OVERBOARD
27 NATURAL BODY MOVEMENT
09 NON-RECREATIONAL BOATING
28 PARTICIPATING IN COMMAND SPONSORED EVENTS
14 SHIP CONTROL
29 TRAINING
10 WEAPONS
99 OTHER - SPECIFY _____

4. Local time and date of mishap:

5. Point of contact and telephone number: *(Area code and number or complete DSN)*

B. MATERIAL PROPERTY DAMAGE (MPD) INFORMATION *(Repeat this section for each piece of equipment damaged)*

1. UIC of material custodian owning damaged equipment:

*2. Equipment damaged or destroyed by the mishap: *(state EIC, TEC or NSN if applicable, otherwise state manufacturer, type, model, serial number; state what the equipment is or give description)*

3. Estimated cost to repair or replace DoD property: *(provide a total cost including man hours at $16.00 per hour plus cost of material and equipment)*

4. Estimated cost of non-DoD property damage:

C. REPORTABLE INJURIES *(If personnel injuries, complete entire form, otherwise go to Section E)*

1. Name: *(last, first, middle initial)*

2. Social Security Number:

3. Age:

4. Sex: *(M or F)*

5. Employment status:

☐ USN
☐ USNR
☐ NROTC
☐ USMC
☐ USAF
☐ US ARMY
☐ NAVY FEDERAL CIVILIAN
☐ NAVY NON-APPROPRIATED FUND CIVILIAN
☐ NAVY FOREIGN NATIONAL CIVILIAN
☐ NAVY FEDERAL MARINE CIVILIAN
☐ MILITARY DEPENDENT
☐ NON-DOD
☐ OTHER - SPECIFY _____

6. If military, state rank/designator or rate/rating: *(NEC)*

If federal civilian, state series/job title/grade:

7. Duty status: ☐ On-duty ☐ Off-duty ☐ Non-applicable *(use for non-DoD personnel)*

*EIC - Equipment Identification Code TEC - Type Equipment Code

OPNAV Safety Report (SR) *(continued)*

8. Type of location where mishap occurred:

02001	AMMO STORAGE
02002	ATHLETIC FIELD/GOLF COURSE
09001	BARGES/FLOATING CRANES
02003	BEACHES
03001	BOATHOUSE
03002	BOWLING ALLEY
03003	BRIG/PRISON
03006	CHAPEL
03042	CLUBS
03004	COMMISSARY
03005	COMMUNICATIONS
06001	CONCRETE ASPHALT PLANT
02004	CONSTRUCTION
09003	DRYDOCKS
03007	EXCHANGE
02005	FARM/STABLE
03008	FIRE STATION
02006	FIRING RANGE
01001	FLIGHT LINES
02007	FUEL STORAGE
03009	GARAGE/AUTO SHOP/GAS STATION
01005	GENERAL AIRFIELDS HELIPADS
02008	GROUND (LAWN, LOTS)
03011	GYMNASIUM
03012	HANGAR
07001	HIGHWAYS
03013	HOBBY SHOP
03014	HOSPITAL/DISPENSARY/DENTAL/CLINICS
03015	LABORATORY (INDUSTRIAL)
03016	LAUNDRY/DRY CLEANING
02009	MARINA
09004	MARINE RAILWAY
03017	MESSHALL/GALLEY
03018	OFFICE BUILDING
02010	PARKING AREAS
02011	PARKS/PICNIC/OTHER RECREATION
07002	PATHWAYS
09005	PERSONNEL LANDING
09006	PIERS
03020	POLICE/SECURITY STATION
03019	POST OFFICE
06002	POWER PLANTS
03021	PUMPING STATION/LIFT STATION
03022	QUARTERS - BACHELOR
03023	QUARTERS - MARRIED
07003	RAMPS/LOADING PLATFORM/WHE TEST PAD
01002	REFUELING PITS
01003	RUNWAY
02014	SALVAGE/DUMP
03024	SHEDS/OUTBUILDINGS
03025	SHOP AVIONICS
03026	SHOP BOAT
03027	SHOP CARPENTER/PAINT
03028	SHOP ELECTRIC
03029	SHOP ELECTRONIC
03030	SHOP ENGINE
03031	SHOP FOUNDRY
03032	SHOP HEAVY EQUIPMENT
03033	SHOP LOFT-SAIL/PARACHUTE
03034	SHOP MACHINE/WELDING
03035	SHOP METAL
03036	SHOP MISSILE
03037	SHOP OPTICAL
03038	SHOP ORDNANCE
03039	SHOP SHIPFITTER/PIPE
03040	SHOP TIRE
03043	SHOPS - NOT ELSEWHERE STATED
07004	SIDEWALKS
07005	STREETS
02015	SUPPLY STORAGE
02016	SWIMMING POOL/AREAS
05001	TANKS
01004	TAXIWAY
05002	TOWERS
02017	TRAINING (DRILL, OBSTACLE, ETC)
08001	TRANSPORTATION, AIR COMMERCIAL
08003	TRANSPORTATION, AIR GOVERNMENT
08002	TRANSPORTATION, AIR PRIVATE
08004	TRANSPORTATION, RAIL COMMERCIAL
08005	TRANSPORTATION, RAIL GOVERNMENT
08006	TRANSPORTATION, VEHICLE COMMERCIAL
08007	TRANSPORTATION, VEHICLE GOVERNMENT
08008	TRANSPORTATION, VEHICLE PRIVATE
08009	TRANSPORTATION, WATER COMMERCIAL
08010	TRANSPORTATION, WATER GOVERNMENT
08011	TRANSPORTATION, WATER PRIVATE
06003	TRASH DISPOSAL
02018	TUNNELS
05003	UTILITY POLES (STEAM/ELECTRICITY)
02019	VEHICLE STORAGE
03041	WAREHOUSE
09002	WATER - CAUSEWAYS
06004	WATER/SEWAGE TREATMENT
02020	WOODED AREAS
99999	OTHER - SPECIFY _____

9. Specific job or task individual engaged in at time of mishap:

112	AIRCRAFT FLIGHT
113	ASBESTOS OPERATIONS
001	AVIATION, GSE MAINTAINING\SERVICING
002	AVIATION, GSE OPERATION
003	AVIATION, MAINTENANCE
004	AVIATION, ORDNANCE MAINTENANCE, LOAD/UNLOAD
005	AVIATION, RELATED TASKS (WORKING SPACES, A/C SECURING, ETC)
006	AVIATION, SERVICING
071	BALL GAMES/OTHER
072	BASEBALL
073	BASKETBALL
074	BICYCLING
007	BLOCKING/BRACING/SHORING
008	BOARDING/DEPARTING SHIP/VEHICLE
009	BOAT CREW
010	BYSTANDER, NOT INVOLVED
105	CHILD CARE
057	CHOPPING/CUTTING WOOD
114	CLASSROOM TRAINING
056	CLIMBING FENCE, WALL, TREE
115	CONSTRUCTION/RENOVATION
076	CONTACT SPORTS (WRESTLING, BOXING, ETC)
012	DECK SEAMANSHIP
116	DENTAL
117	ELECTRICAL OPERATIONS (TRANSMISSION AND DISTRIBUTION)
118	EMERGENCY SPILL RESPONSE
119	ENVIRONMENTAL OPERATIONS
014	FIRE WATCH
000	FIREFIGHTING TASKS/DAMAGE CONTROL
015	FOOD PREPARATION/SERVING
079	FOOTBALL
080	GLASS/KNIFE HANDLING
016	GROUNDKEEPING
081	GUN HANDLING
017	HANDLING AMMUNITION
018	HANDLING FUEL
019	HANDLING LINES
020	HANDLING MATERIAL/STORES
021	HEAVY EQUIPMENT OPERATIONS/CREW
082	HILL CLIMBING/HIKING
022	HORSEPLAY
023	HOUSEKEEPING DUTIES
025	INSPECTING
026	INSTALLATION/REMOVAL (EQUIPMENT/MATERIAL)
084	JOGGING/RUNNING
027	LAUNDRY/DRY CLEANING OPERATIONS
129	LEAD OPERATIONS
120	MAIL DUTIES
028	MAINTENANCE - BUILDING/STRUCTURE
029	MAINTENANCE - ELECTRICAL
030	MAINTENANCE - ELECTRONIC
031	MAINTENANCE - GUNNER/WEAPONS
109	MAINTENANCE, HULL - CHIPPING/SCRAPING/SCALING
110	MAINTENANCE, HULL - GRINDING
033	MAINTENANCE, HULL - LOFT
034	MAINTENANCE, HULL - OVER THE SIDE
111	MAINTENANCE, HULL - PAINTING
035	MAINTENANCE - MECHANICAL
036	MAINTENANCE - RUNWAY/ROADWAY/WALKWAY
037	MAINTENANCE - UTILITIES (STEAM/GAS)
038	MAINTENANCE, VEHICLE/ACCESSORIES
039	MANUFACTURING, ASSEMBLING, FABRICATION - METAL
040	MANUFACTURING, ASSEMBLING, FABRICATION - PLASTIC CLOTH
041	MANUFACTURING, ASSEMBLING, FABRICATION - WOOD
121	MOTOR VEHICLE OPERATIONS
042	OFFICE/ADMINISTRATIVE/COMPUTER DUTIES
122	ORDNANCE MAINTENANCE - NONAVIATION
123	PAINTING
124	PARACHUTING
044	PASSENGER
045	PATIENT CARE
125	PEST CONTROL OPERATIONS
046	PHYSICAL FITNESS PROGRAMS
047	PIPEFITTING
048	PRINTING/BINDING
126	PUBLIC EVENTS ATTENDANCE
085	RACQUETBALL
049	RAILWAY/CREWS
050	RECREATION NOT ELSEWHERE CODED
051	RIGGING ACTIVITIES
127	SALES TASK
052	SANITATION DUTIES
053	SECURITY (GUARD/SENTRY/ROVER)
054	SLEEPING
089	SOCCER
090	SOFTBALL
106	SUPERVISION
091	SWIMMING
060	TESTING/RESEARCH
061	TRAINING NOT ELSEWHERE CODED
092	VOLLEYBALL
093	WALKING/STEPPING
107	WATCHSTANDING - SHORE
094	WATER IMMERSION, OTHER
066	WELDING/BURNING
128	WHE OPERATOR
999	OTHER - SPECIFY _____

10. Was job or activity related to rating/job position? ☐ Yes ☐ No

11. If injury resulted from formal Navy training, state CIN:

12. Fatality or extent of injuries or occupational illnesses:
- ☐ FATALITY
- ☐ MISSING
- ☐ PERMANENT TOTAL DISABILITY
- ☐ PERMANENT PARTIAL DISABILITY
- ☐ TEMPORARY DISABILITY
- ☐ NO DISABILITY LIKELY

13. Estimate of lost time:

a. Total lost workdays *(in full)* away form job *(actual number of lost workdays including workdays hospitalized)*

b. Total full days actually hospitalized *(actual number of days hospitalized including weekends)*

OPNAV Safety Report (SR) *(continued)*

14. Personal protective equipment (PPE): **a.** Was PPE required for the job being performed? ☐ Yes ☐ No

(If yes complete this section for each piece of PPE that was worn or should have been worn) Select the correct factor from the applicable list: *(If no, go to section D.)*

	NEED and AVAILABILITY	ADEQUACY	INVOLVEMENT	USED PROPERLY
b. EIC/TEC/NSN Description _____	☐	☐	☐	☐
EIC/TEC/NSN Description _____	☐	☐	☐	☐
EIC/TEC/NSN Description _____	☐	☐	☐	☐

NEED and AVAILABILITY
B - Available, Used
C - Available, Not Used
D - Not Available, Needed

ADEQUACY
A - Adequate
B - Inadequate
C - Misused
D - Failed
E - Totally Useless
F - Somewhat Useful but Can and Should be Improved
G - Should Not Have Been Used

INVOLVEMENT
A - Not a Factor for This Injury
B - Reduced Injury
D - Use Increased Injury
E - Non-Use Increased Injury

USED PROPERLY
Y - Yes
N - No

D. INJURY INFORMATION *(Repeat this section for each person injured for each item D1 through D6. Enter as many responses as are required.)*

Injured person's SSN ☐☐☐ ☐☐ ☐☐☐☐

1. Body part injured: ☐☐ ☐☐ ☐☐

07	ABDOMEN	19	INTERNAL ORGANS
12	ANKLE(S)	21	KNEE
15	ARM(S) LOWER	11	LEG(S) LOWER
14	ARM(S) UPPER	10	LEG(S) UPPER
18	BACK (LUMBAR REGION)	25	LUNGS
30	BODY SYSTEMS (SPECIFY IN NARRATIVE)	26	MOUTH
		20	MULTIPLE BODY PARTS
08	BUTTOCKS	04	NECK
32	CHEST	28	NOSE
27	EAR(S)	09	PELVIS
22	ELBOW	29	RIBS
03	EYE(S)	05	SHOULDER
02	FACE	01	SKULL/HEAD
13	FOOT, INCLUDES TOES	06	THORAX
23	GROIN	00	TOTAL BODY
17	HAND(S), INCLUDES FINGERS	UU	VERTEBRAS, UNKNOWN
24	HEART	16	WRIST(S)
31	HIP(S)	98	OTHER - SPECIFY _____

5. Object involved: ☐☐☐ ☐☐☐ ☐☐☐

093	AIR PRESSURE	064	HOT/COLD OBJECTS
002	ANIMAL/INSECT/FISH	035	JEWELRY
075	ARRESTING GEAR	086	KINGPOST
003	BATTERY	072	KNIFE
004	BICYCLES	034	LADDER (IMPROVISED/ SUBSTITUTE LADDER)
076	BITS (DRILLS/ETC)		
078	BLOCKS	087	LADDER, ACCOMMODATION
011	BOAT DAVIT	036	LADDERS, FIXED (INCLUDES STAIRS)
006	BOILERS	037	LADDERS, PORTABLE
079	BOOM, BOAT	038	LAWN EQUIPMENT/MOWER EDGER/ETC
012	BOOM, CARGO		
007	BOX/BARREL/CONTAINER/TRAY	041	LIFE LINE
008	BRIDGE/DAM/LOCK/WHARF/ETC	104	LIGHTNING
005	BROW/BROW PLATFORM	047	LINE
009	BUILDINGS	105	LUMBER/WOODWORKING
010	BULKHEADS (WALLS) OVERHEADS	040	MACHINERY, DECK (FIXED, SHIPBOARD)
080	CAPSTAN		
081	CATAPULT	042	MACHINES, FOOD PROCESSING
082	CHAIN FALL	043	MACHINES, LAUNDRY
018	CHEMICALS/TOXICS	044	MACHINES, OFFICE
083	CHOCK	045	MACHINES, PRINTSHOP
084	CLEAT	046	MACHINES, SHOP (FIXED)
013	CLOTHES/SHOES/GLOVES (NON-SAFETY)	106	MATERIALS HANDLING EQUIPMENT
		107	METAL PRODUCTS
015	CONSTRUCTION EQUIPMENT	049	PAINT/PAINTING EQUIPMENT
014	CONVEYERS	108	PETROLEUM PRODUCTS
017	CRANES (ALL TYPES)	054	POWER TRANSMISSION
085	DAVITS, PORTABLE/FIXED	055	PRESSURIZED CONTAINER
020	DECK/DECK COVERING	056	PRESSURIZED LINES
094	DIRT/SAND/STONE	057	PUMPS, PRIME MOVERS (ENGINES/TURBINES)
095	DOOR		
096	DRUGS/ALCOHOL	109	RADIATION
097	DUST/PARTICLES/CHIPS	088	RAMP, BOW/BETWEEN DECK
019	ELECTRICAL APPARATUS	089	REPLENISHMENT EQUIPMENT
021	ELEVATOR/ESCALATORS/ DUMBWAITERS/ETC	051	SAFETY/PROTECTIVE EQUIPMENT
		060	SCAFFOLDS/STAGING/PUNT/ MAN BASKET
098	FALLING OBJECTS		
022	FANS	059	SMALL ARMS
023	FIRE	001	SPORTS EQUIPMENT (PROTECTIVE)
048	FITTING	061	SPORTS EQUIPMENT (NON-PROTECTIVE)
053	FOOD PREPARATION EQUIPMENT		
025	FORKLIFT	062	STEAM/HOT WATER
100	FUMES	091	STOPPER-CHAIN/ROPE
026	FURNITURE/FIXTURES/ FURNISHINGS	092	TACKLE
		063	TOWER/POLES
101	GASES	110	VEGETATION
027	GLASS ITEMS	065	VEHICLE, AIRCRAFT OR HELICOPTER
029	GROUND SUPPORT EQUIPMENT	052	VEHICLE, WATER (BOAT)
028	GROUND TACKLE/ANCHOR/CHAIN	066	VEHICLES, HIGHWAY-POWERED/ PARTS, ACCESSORIES
031	HAND TOOLS, NON-POWER		
030	HAND TOOLS, POWER	067	VEHICLES, RAIL
032	HAND TRUCK/DOLLY/SHOP-CART/ WHEEL BARROW	111	WASTE PRODUCTS
		070	WEAPON, EXPLODED/FIRED
102	HEAT (ENVIRONMENTAL MECHANICAL)	071	WEAPON, NOT EXPLODED/FIRED
		073	WELDING EQUIPMENT
033	HEATING EQUIPMENT	069	WIRE ROPE/CABLE
103	HOISTING APPARATUS	999	OTHER - SPECIFY _____

2. Nature of injury or illness: ☐☐☐ ☐☐☐ ☐☐☐

001	ABRASION	073	GUNSHOT, INFLICTED BY OTHERS
002	ACOUSTIC TRAUMA	96	HAVS/WHITE FINGER/RAYNAUD'S*
003	AMPUTATION	061	HEARING LOSS/IMPAIRMENT
051	ASPHYXIA/STRANGULATION	028	HEMATOMA
005	BITE	029	HEMORRHAGE
079	BLINDNESS, TRAUMATIC	063	HERNIA
007	BLISTER	089	HYPOTHERMIA
085	BODY REACTION TO TEMP (COLD)	021	INHALATION, DAMAGING OR NOXIOUS MATERIAL
084	BODY REACTION TO TEMP (HOT)		
053	BURN, CHEMICAL	090	INJURY, COMPRESSION W/O FRACTURE
057	BURN, ELECTRICAL	064	INJURY, INTERNAL
086	BURN, MECHANICAL	030	LACERATION
052	BURN, THERMAL	032	PERFORATION/PUNCTURE
95	BURSITIS*	065	POISONING, SYSTEMIC
087	CARPAL TUNNEL SYNDROME*	091	RADIATION, BURN
013	CONCUSSION	092	RADIATION, POISONING
014	CONTUSION	033	RUPTURE
015	CRUSHING	034	SCRATCH
016	DECAPITATION	060	SHOCK, TRAUMATIC
075	DERMATITIS	035	SPRAIN
046	DISLOCATION	039	STRAIN
018	DIVISION OF NERVES	093	STRESS, EMOTIONAL
055	DROWNING	094	STRESS, PHYSICAL
077	DRUG USE	040	TEAR, MUSCLE/LIGAMENT/OTHER PART
056	ELECTRICAL SHOCK	97	TENDINITIS*
062	EXHAUSTION	A1	THORACIS OUT SYN (TOS)*
020	FOREIGN BODY, N.E.C.	031	TRAUMA
088	FRACTURE	041	UNCONSCIOUSNESS
026	FRACTURE, SIMPLE	A2	UPPER EXTREMITY*
025	FRACTURE, WITH DISLOCATION	042	WOUND, OPEN
072	GUNSHOT, SELF-INFLICTED	999	OTHER - SPECIFY _____

3. Physical activity at time of mishap:

☐☐☐ ☐☐☐ ☐☐☐

001	BENDING	011	REACHING
002	CARRYING	012	RIDING
003	CLIMBING	013	RUNNING
004	DRIVING	014	SITTING
005	JUMPING	015	STANDING
006	KNEELING	016	STRETCHING
007	LIFTING	017	USING STAIRS
008	LYING DOWN	018	USING TOOL/ EQUIPMENT
009	PULLING	019	WALKING
010	PUSHING	999	OTHER - SPECIFY _____

4. Mishap type: ☐☐ ☐☐ ☐☐

23	ABSORPTION	15	EXPOSURE TO BLAST
18	AIRPLANE CRASH, ETC	14	EXPOSURE TO NOISE/SOUND
13	ASPHYXIA	17	IMPACT WITH WATER OR SUBMERGED OBJECT OR BOTTOM
24	BITE/STING/SCRATCH		
07	BODILY REACTION	26	INGESTION
05	CAUGHT IN, UNDER, OR BETWEEN	27	INHALATION
09	CONTACT ELECTRICAL CURRENT	08	OVER-EXERTION
10	CONTACT TEMPERATURE EXTREME	28	REPEATED MOTION/PRESSURE
		06	RUBBED/ABRADED
20	CONTACT WITH CAUSTIC/TOXIC OR NOXIOUS SUBSTANCE	03	SLIP/TRIP/FALL/JUMP (FROM ELEVATION)
		04	SLIP/TRIP/FALL/JUMP (SAME ELEVATION)
19	CONTACT WITH RADIATION	01	STRUCK AGAINST
25	CUT/LACERATED BY	02	STRUCK BY
12	DROWNING	99	OTHER - SPECIFY _____

6. Type of disorder: *(OPNAV 5100.23 Log Coding)* ☐☐

10	OCCUPATIONAL INJURY
21	OCCUPATIONAL SKIN DISEASE OR DISORDERS
22	DUST DISEASE OF THE LUNGS
23	RESPIRATORY CONDITION DUE TO TOXIC AGENTS
24	POISONING (SYSTEMIC EFFECTS OF TOXIC MATERIALS)
25	DISORDER DUE TO PHYSICAL AGENTS (NON-TOXIC)
26	DISORDER DUE TO REPEATED TRAUMA OR STRESS
29	ALL OTHER OCCUPATIONAL ILLNESSES

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E. CAUSAL FACTORS

Repeat this section for each person injured and for each piece of equipment damaged. Do not submit both on the same form. Enter as many occurrences of each causal factor type as are applicable to the specific person or equipment. When giving causal factors for personnel injury, give the social security number for the injured person being addressed. For equipment give the EIC, TEC, or NSN for the damaged equipment being addressed. Enter the letter from each list as applicable for items E-1 through E-9.

SSN of injured person being addressed: ☐☐☐ ☐☐ ☐☐☐☐

1. Environmental cause factors: ☐

F	AIR QUALITY	V	RADIATION
R	CONTAMINATED ATMOSPHERE	H	SEAS
		T	SWELL
J	CURRENT	A	TEMPERATURE
B	HUMIDITY	K	TIDES
Q	HURRICANE	E	VENTILATION
D	LIGHTING	U	VIBRATION
N	LIGHTNING	C	VISIBILITY
S	NOISE LEVEL	G	WIND
M	PRECIPITATION	Z	OTHER - SPECIFY _____

2. Personnel cause factors: *Enter who were responsible for E-2, what they failed to do for E-3 and why there were failures for E-4. Note that any given person may have more than one failure and more than one reason.*

E-2 Personnel	E-3 Personnel Failure	E-4 Failure Reason			Specify Other
☐☐	☐☐	☐☐☐	☐☐☐	☐☐☐	
Is this the injured person? ☐ Yes ☐ No	☐☐	☐☐☐	☐☐☐	☐☐☐	_____
	☐☐	☐☐☐	☐☐☐	☐☐☐	_____
	☐☐	☐☐☐	☐☐☐	☐☐☐	
	☐☐	☐☐☐	☐☐☐	☐☐☐	_____
	☐☐	☐☐☐	☐☐☐	☐☐☐	_____
	☐☐	☐☐☐	☐☐☐	☐☐☐	
	☐☐	☐☐☐	☐☐☐	☐☐☐	_____
	☐☐	☐☐☐	☐☐☐	☐☐☐	_____

E-2 Personnel error
(who was responsible)

17 INDEPENDENTLY ASSIGNED
13 MAINTENANCE WORKER
16 OFF-DUTY MILITARY
12 OPERATOR
18 OTHER NON-DoD PERSON
19 PUBLIC VISITOR
14 QUALITY ASSURANCE/CONTROL INSPECTOR
11 SUPERVISOR/FOREMAN
15 WATCHSTANDER
99 OTHER - SPECIFY

E-3 Personnel error
(what did involved fail to do)

30 COORDINATE TASKS
21 CORRECTLY OPERATE CONTROLS/ MONITOR DISPLAYS/EQUIPMENT
36 BE PRESENT WHEN SHOULD HAVE BEEN
35 FOLLOW OTHER STANDARD OPERATING PROCEDURE
33 INSPECT COMPLETED WORK
39 INTERFERED WITH ACTIVITY
37 LOCKOUT/TAGOUT SYSTEM DURING PMS
29 MATCH TASK TO PERSON'S ABILITY
22 PERFORM PMS/MAINTENANCE PROPERLY/ COMPLETELY
28 PLAN ADEQUATELY
38 PROPERLY LOCKOUT/TAGOUT DURING PMS
40 PROVIDE TRAINING
31 PROVIDE WORK/REST CYCLE
23 RECOGNIZE HAZARDOUS SITUATION
32 SUPERVISE PROGRESS OF WORK
27 TAKE CORRECTIVE ACTION (TIME AVAILABLE)
24 USE PROPER CAUTION FOR KNOWN RISK
26 USE/PROPERLY USE PROPER TOOL/ EQUIPMENT FOR JOB
25 USE PROTECTIVE EQUIPMENT
99 OTHER - SPECIFY _____

E-4 Personnel error
(why was there a failure)

620 ALCOHOL USE/ABUSE/HANGOVER
710 DISRUPTED COMMUNICATIONS
411 DISTRACTED
640 DRUG ABUSE
630 DRUG USE
480 EMOTIONALLY AROUSED (ANGRY/ WORRIED)
470 EXCESSIVE MOTIVATION
730 FAILURE TO DETECT WARNING
610 FATIGUE
450 HABIT
440 HASTE
650 ILLNESS
740 INADEQUATE COMMUNICATION STANDARDS
510 INADEQUATE KNOWLEDGE OF MEN/ EQUIPMENT
940 INADEQUATE/UNAVAILABLE TOOLS/ EQUIPMENT
820 INADEQUATE WORK SPACE
412 INATTENTIVE
520 INSUFFICIENT EXPERIENCE/SKILL/ TRAINING
413 LACK OF ABILITY APART FROM TRAINING/EXPERIENCE
420 LACK OF CONCERN/INTEREST
720 MISUNDERSTANDING
410 NOT CONVENIENT/COMFORTABLE
460 OVERCONFIDENCE
830 PERSONNEL/EQUIPMENT INTERFERENCE
670 PHYSICAL CONDITION
660 PHYSICAL HANDICAP/IMPAIRMENT
850 POOR DESIGN/LOCATION OF CONTROLS/DISPLAYS
810 RESTRICTED VISION
414 TASK FIXATION
999 OTHER - SPECIFY _____

OPNAV Safety Report (SR) *(continued)*

3. Procedure cause factors: *Enter procedure responsible for the mishap for E-5, what was wrong with the procedure for E-6 and why the procedure failed for E-7.*

E-5 Faulty Procedure	E-6 What was Wrong with Procedure	E-7 Why Did Procedure Fail	Specify Other

E-5 Procedure factor
(Faulty procedure/method)

E INSTALLATION PROCEDURE
D MAINTENANCE PROCEDURE
A OPERATING PROCEDURE
B SAFETY PRECAUTION
C TEST PROCEDURE
Z OTHER - SPECIFY _____

E-6 Procedure factor
(What was wrong with procedure/method)

A INADEQUATE
B INCOMPLETE
C INCORRECT
D NON-EXISTENT
E NOT POSTED
Z OTHER - SPECIFY _____

E-7 Procedure factor
(Why did procedure/method fail)

01 CAUSED CONFUSION
02 CRITICAL STEPS OMITTED
04 DETAILS MISSING
06 FOLLOW-UP PROCEDURES MISSING
05 IMPRACTICABLE
07 NOT APPLICABLE
08 NOT IN PROPER SEQUENCE
09 NOT LOGICAL
03 PROCEDURES WRONG
10 REQUIRED MATERIAL/SAFETY EQUIPMENT NOT AVAILABLE
11 SAFETY PRECAUTION NOT LISTED
12 TOO DETAILED
13 TOO GENERALIZED
99 OTHER - SPECIFY _____

4. Equipment cause factors: *(State the EIC/TEC/NSN/MFG and piece of equipment that caused mishap. Enter why the failure occurred for E-8 and how the equipment failed for E-9.)*

E-8 Why Did Equipment Malfunction	E-9 How Did Equipment Malfunction to Cause Injury or Damage	**EIC / TEC / NSN / MFG and piece of equipment**

E-8 Equipment factor
(Why did equipment malfunction)

01 ADJUSTMENT IMPROPER
48 AGE
03 CANNIBALIZED
02 CLEARANCE IMPROPER
04 CONTAMINATED
47 CORROSION
05 DESIGN PROBLEM
06 DETERIORATED
08 EXCESSIVE VIBRATION
49 FOREIGN OBJECT
54 FUSE TOO LARGE
53 FUSE TOO SMALL
10 HUMIDITY
11 IMPROPER FIT
13 IMPROPER USE
14 INACCESSIBLE
59 INADEQUATE MAINTENANCE
60 INADEQUATE MANUFACTURE OF EQUIPMENT
24 INSUFFICIENT PMS
18 INSULATION INADEQUATE
16 INSTALLATION FAULTY
17 INTERFERENCE
19 JURY-RIGGED
20 LIMITS EXCEEDED
21 LOCATION FAULTY
50 LUBRICATION LOST
22 MANUFACTURER'S DEFECT
23 MISSING PART
25 NORMAL WEAR
26 NOT BALANCED
27 NOT CONNECTED
28 NOT CURRENT
29 NOT GROUNDED
30 NOT IAW MILSPEC
31 NOT IAW SYSCOM DIRECTIVES
33 NOT MARKED
35 NOT SHIELDED
36 NOT TESTED
37 OIL SATURATED
39 PACKING FAULTY
40 PART DEFECTIVE
55 PRESSURE TOO HIGH
56 PRESSURE TOO LOW
57 SIZE TOO LARGE
58 SIZE TOO SMALL
44 STOWAGE INADEQUATE
45 WATER (SATURATED)
99 OTHER - SPECIFY _____

E-9 Equipment factor
(How did equipment malfunction to cause injury or damage)

01 ARCED
02 BENT
03 BINDING
06 BUCKLED
07 BURNED
09 CHAFED
78 CHARRED
10 CLOGGED
69 CLOSED
11 CONTACTS - IMPROPERLY OPEN/CLOSE/REVERSE
12 CORRODED
13 CRACKED
16 DISCONNECTED
70 DROPPED
17 ELONGATED
18 ENCRUSTED
19 ERODED
21 EXPLODED
22 FAILED TO OPERATE
23 FLATTENED
79 FLOODED
24 FRAYED
25 FROZEN
71 FUSED
26 GLAZED
27 GROUNDED
28 HYDRAULIC LEAK
29 INTERMITTENT OPERATION
30 JAMMED
31 KINKED
32 LEAKING
33 LOOSE
81 MELTED
34 MISALIGNED
37 OIL SATURATED
38 OTHER NOT ELSEWHERE CODED
39 OVERHEATED
40 OVERLOAD
41 OVERSPED
42 OVERSTRESSED
43 PARTED/SEPARATED
44 PIERCED
45 PITTED
46 RADIATED
73 RELEASED
49 REQUIRES REWINDING
51 RUPTURED
52 RUSTED
53 SCALED
54 SCORED
55 SEIZED
56 SHEARED
57 SHORTED
74 SLIPPED
58 SPLIT
59 SPRUNG
75 STOPPED
60 STRESSED
61 STRIPPED
76 STRUCK
62 STUCK
63 TORN
77 TRIPPED
66 WARPED
68 WORN
72 OPENED

OPNAV Safety Report (SR) *(continued)*

F. EXPLANATION

1. Narrative: *Chain of events leading up to, through, and subsequent to mishap. Elaborate with remarks so that the who, what, where, when, and how of the mishap are known. Include time in months in the job, training completed, and experience in doing the task. Be specific as to locations within the activity ashore. If fire, give Class (A, B, C, or D), source, and how extinguished (water, FOG, CO_2 , PKP, AFFF, Halon, protein foam, or other (specify)). Elaborate with remarks on any item. If electrical shock, state body entry and exit points. (Explain sufficiently to give a mental picture to reader.)*

2. Corrective action/lesson learned or recommendation: *List specific corrective action initiated and date.*

3. If chemical or toxic exposure, complete:

Product or material name: _____

Product NSN: _____

Ingredients: _____

Manufacturer's name: _____

MSDS number of product, if known: _____

G. ENDORSEMENTS

1. COMMANDING OFFICER: *(Optional)* Signature: _____ Date: _____

2. OSH Manager: *(Required)* Signature: _____ Date: _____

APPENDIX Page for Item D.2., Nature of Injury or Illness

*Definitions of Ergonomic Injuries/Illnesses:

#087 CARPAL TUNNEL SYNDROME - pain, numbness, and tingling of the thumb, index, middle, and thumb side of the ring fingers due to compression of the median nerve of the hand and wrist in the tunnel through the carpal bones.

#95 BURSITIS - inflammation of a bursa, a sac of fluid found near a joint or over a bony prominence such as the shoulder, elbow or knee. The inflammation is attributed in some cases to excessive use of the joint or direct contact.

#96 HAND-ARM VIBRATION SYNDROME (HAVS) WHITE FINGER/RAYNAUD'S SYNDROME - constriction of the blood vessels caused by damage to small nerves in the hand as a result of prolonged exposure to vibration or cold.

#97 TENDINITIS - Inflammation of a tendon (connects muscle to bone), usually associated with repetitive, forceful exertions, often rotation around a joint, such as the wrist or elbow.

#A1 THORACIC OUTLET SYNDROME (TOS) - compression of the nerves, arteries, or veins at the shoulder/neck. It causes symptoms similar to carpal tunnel syndrome but usually affecting the little finger.

#A2 UPPER EXTREMITY - disorder of one of the pair of limbs (appendages) of the body used for grasping and manipulating, consisting of the shoulder, the arm, the forearm, the hand, the wrist and the fingers.