



**EMPLOYEE REPORT OF  
ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS**  
For use of this form, see AR 385-10; the proponent agency is Office of The Inspector General.

*This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).*

The undersigned (check one)

Employee                       Representative of employees                       Other (Specify) \_\_\_\_\_

believes that a job safety or health hazard exists at the following place of employment

Does this hazard (s) immediately threaten serious physical harm?                       Yes                       No  
If "yes" checked, immediately contact your supervisor or safety representative.

Name of official in charge \_\_\_\_\_ Telephone \_\_\_\_\_

Operation/Activity \_\_\_\_\_

Exact location of worksite \_\_\_\_\_  
\_\_\_\_\_

1. Kind of operation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazard  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated, if known  
\_\_\_\_\_

4. (a) To your knowledge, has this hazard been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with the employer or any representative thereof? \_\_\_\_\_

(b) If so, please give the results thereof, including any efforts by management to eliminate or reduce the severity of the hazard  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate your desire:  
  
 I do not want my name revealed to the official in charge.  
  
 My name may be revealed to the official in charge.

WORK LOCATION	TELEPHONE NO.	DATE
TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE	SIGNATURE	

<b>JOB HAZARD ANALYSIS</b>	JOB:	DATE:	Page ____ of ____ pages	<input type="checkbox"/> NEW <input type="checkbox"/> REVISED
<b>Instructions on Reverse Side</b>	Title of Person Who Does Job:	Supervisor:	Analyzed By:	
Organization:	Approved by Activity Director/Commander:			
Recommended Personal Protective Equipment:				
<b>SEQUENCE OF BASIC JOB STEPS</b>	<b>POTENTIAL HAZARDS</b>	<b>RECOMMENDED ACTION OR PROCEDURE</b>		

## INSTRUCTIONS FOR COMPLETING JOB HAZARD ANALYSIS FORM

Job Hazard Analysis (JHA) is an important accident prevention tool that works by finding hazards and eliminating or minimizing them before the job is performed, clarification and hazard awareness, as a guide in new employee training, for periodic contracts, and for retraining of senior employees, as a refresher on jobs which run infrequently, as an accident investigation tool, and for informing employees of specific job hazards and protective measures.

Set priorities for doing JHAs: Jobs that have a history of many accidents, jobs that have produced disabling injuries, jobs with high potential for disabling injury or death, and new jobs with no accident history. Here is how to do each of the three parts of a Job Hazard Analysis:

### SEQUENCE OF BASIC JOB STEPS

Break the job down into steps. Each of the steps of a job should accomplish some major task. The task will consist of a set of movements. Look at the first set of movements used to perform a task, and then determine the next logical set of movements. For example, the job might be to move a box from a conveyor and putting it on a hand truck is one logical set of movements, so it is one job step. Everything related to that one logical set of movements is part of that job step.

The next logical set of movements might be pushing the loaded hand truck to the storeroom. Removing the boxes from the truck and placing them on the shelf is another logical set of movements. And finally, returning the hand truck to the receiving area might be the final step of this type of job.

Be sure to list all the steps in a job. Some steps might not be done each time – checking the casters on a hand truck for example. However, that task is a part of the job as a whole, and should be listed and analyzed.

### POTENTIAL HAZARDS

Identify the hazards associated with each step. Examine each step to find and identify hazards-actions, conditions, and possibilities that could lead to an accident. It is not enough to look at

the obvious hazards. It is also important to look at the entire environment and discover every conceivable hazard that might exist.

Be sure to list health hazards as well, even though the harmful effect may not be immediate. A good example is the harmful effect of inhaling a solvent or chemical dust over a long period of time.

It is important to list all hazards. Hazards contribute to accidents, injuries, and occupational illnesses.

In order to do part three of a JHA effectively, you must identify potential and existing hazards. That is why it is important to distinguish between a hazard, an accident, and an injury. Each of these items has a specific meaning.

**HAZARD** – A potential danger. Oil on the floor is a hazard.

**ACCIDENT** – An unintended happening that may result in injury, loss, or damage. Slipping on the oil is an accident.

**INJURY** – the result of an accident. A sprained wrist from the fall would be an injury.

Some people find it easier to identify possible accidents and illnesses and work back from them to the hazards. If you do that, you can list the accident and illness types in parentheses following the hazard. But be sure you focus on the hazard for developing recommended actions and safe work procedures.

### RECOMMENDED ACTION

Using the first two columns as a guide, decide what actions are necessary to eliminate or minimize the hazards that could lead to an accident, injury, or occupational illness.

Among the actions that can be taken are: 1) engineering the hazard out; 2) providing personal protective equipment; 3) job instruction training; 4) good housekeeping; and 5) good ergonomics (positioning the person in relation to the machine or other elements in the environment in such a way as to eliminate stresses and strains).

List recommended safe operating procedures on the form, and also list required or recommended personal protective equipment for each step of the job.

Be specific. Say exactly what needs to be done to correct the hazard, such as, “lift using part of your leg muscles.” Avoid general statements like “be careful.”

Give a recommended action or procedure for every hazard.

If the hazard is a serious one, it should be corrected immediately. The JHA should then be changed to reflect the new conditions.

### COMPOSITE RISK MANAGEMENT WORKSHEET

For use of this form, see FM 5-19; the proponent agency is TRADOC.

1. MSN/TASK	2a. DTG BEGIN	2b. DTG END	3. DATE PREPARED (YYYYMMDD)
-------------	---------------	-------------	-----------------------------

4. PREPARED BY		
a. LAST NAME	b. RANK	c. POSITION

5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK LEVEL	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?

Additional space for entries in Items 5 through 11 is provided on Page 2.

13. OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED *(Check one)*

LOW     
  MODERATE     
  HIGH     
  EXTREMELY HIGH

14. RISK DECISION AUTHORITY			
a. LAST NAME	b. RANK	c. DUTY POSITION	d. SIGNATURE



## INVESTIGATION OF INJURY/ILLNESS

**Authority:** Title 10 U.S.C. Section 3013, Privacy Act Statement 5 U.S.C. 552a.

**Purpose:** To collect required information according to OSHA law in maintaining an OSHA 300 injury log.

**Routine:** Medical information resulting in death, days away from work, and days of restricted duty provided on this form is entered on the OSHA 300 log.

**Storage:** It will remain with Installation Safety Office and only be used as supplemental documentation for each entry on the OSHA 300 log. This form will be kept for five years and then destroyed.

**Disclosure:** Under section 1904.35(b)(2), employees, former employees, their personal representatives, and their authorized employee representatives have the right to access the OSHA 300 Log Form and the OSHA 300-A Summary Form.

Employee Name:		Job Title:	
Location of incident (Bldg, floor, room, street):		Date of Injury:	Time of Injury:
# days lost beyond date of injury per doctor's orders:		# days restrictions beyond date of injury per doctor's orders:	
Nature of Injury (body part affected, appearance, diagnosis):		Was injury reported promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was medical treatment administered? If so, what?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe incident and contributing hazards/deficiencies or circumstances in detail:		Work/Service Order Number: Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was employee wearing/using all appropriate and job-related safety equipment? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all safety precautions, policies, and directives adhered to? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was all safety equipment in good working order? If not, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What corrective actions were taken?			
Signature of Employee:		Date:	
Signature of Supervisor:		Date:	
Signature of Investigating Official:		Date:	

**MOTORCYCLE INSPECTION CHECKLIST, page 1**

<b>T-CLOCS ITEM</b>	<b>WHAT TO CHECK</b>	<b>WHAT TO LOOK FOR</b>	<b>CHECK-OFF</b>	
<b>T-TIRES &amp; WHEELS</b>				
<b>Tires</b>	Condition	Tread depth, wear, weathering, evenly seated, bulges, embedded objects.	Front	Rear
	Air Pressure	Check when cold, adjust to load.	Front	Rear
<b>Wheels</b>	Spokes	Bent, broken, missing, tension, check at top of wheel: "ring" = OK — "thud" = loose spoke	Front	Rear
	Cast	Cracks, dents.	Front	Rear
	Rims	Out of round/true = 5mm. Spin wheel, index against stationary pointer.	Front	Rear
	Bearings	Grab top and bottom of tire and flex: No freeplay (click) between hub and axle, no growl when spinning.	Front	Rear
	Seals	Cracked, cut or torn, excessive grease on outside, reddish-brown around outside.	Front	Rear
<b>Brakes</b>	Function	Each brake alone keeps bike from rolling.	Front	Rear
<b>C-CONTROLS</b>				
<b>Levers and Pedal</b>	Condition	Broken, bent, cracked, mounts tight, ball ends on handlebar levers, proper adjustment.		
	Pivots	Lubricated.		
<b>Cables</b>	Condition	Fraying, kinks, lubrication: ends and interior.		
	Routing	No interference or pulling at steering head, suspension, no sharp angles, wire supports in place.		
<b>Hoses</b>	Condition	Cuts, cracks, leaks, bulges, chafing, deterioration.		
	Routing	No interference or pulling at steering head, suspension, no sharp angles, hose supports in place.		
<b>Throttle</b>	Operation	Moves freely, snaps closed, no revving when handlebars are turned.		
<b>L-LIGHTS</b>				
<b>Battery</b>	Condition	Terminals; clean and tight, electrolyte level, held down securely.		
	Vent Tube	Not kinked, routed properly, not plugged.		
<b>Headlamp</b>	Condition	Cracks, reflector, mounting and adjustment system.		
	Aim	Height and right/left.		
	Operation	Hi beam/low beam operation.		
<b>Tail lamp/brake lamp</b>	Condition	Cracks, clean and tight.		
	Operation	Activates upon front brake/rear brake application.		
<b>Turn signals</b>	Operation	Flashes correctly.	Front left Rear left	Front right Rear right
<b>Mirrors</b>	Condition	Cracks, clean, tight mounts and swivel joints.		
	Aim	Adjust when seated on bike.		
<b>Lenses &amp; Reflectors</b>	Condition	Cracked, broken, securely mounted, excessive condensation.		
<b>Wiring</b>	Condition	Fraying, chafing, insulation.		
	Routing	Pinched, no interference or pulling at steering head or suspension, wire looms and ties in place, connectors tight, clean.		

## MOTORCYCLE INSPECTION CHECKLIST, page 2

O-OIL				
<b>Levels</b>	Engine Oil	Check warm on center stand on level ground, dipstick, sight glass.		
	Hypoid Gear Oil, Shaft Drive	Transmission, rear drive, shaft.		
	Hydraulic Fluid	Brakes, clutch, reservoir or sight glass.		
	Coolant	Reservoir and/or coolant recovery tank — check only when cool.		
	Fuel	Tank or gauge.		
<b>Leaks</b>	Engine Oil	Gaskets, housings, seals.		
	Hypoid Gear Oil, Shaft Drive	Gaskets, seals, breathers.		
	Hydraulic Fluid	Hoses, master cylinders, calipers.		
	Coolant	Radiator, hoses, tanks, fittings, pipes.		
	Fuel	Lines, fuel valve, carbs.		
C-CHASSIS				
<b>Frame</b>	Condition	Cracks at gussets, accessory mounts, look for paint lifting.		
	Steering-Head Bearings	No detent or tight spots through full travel, raise front wheel, check for play by pulling/pushing forks.		
	Swingarm Bushings/Bearings	Raise rear wheel, check for play by pushing/pulling swingarm.		
<b>Suspension</b>	Front Forks	Smooth travel, equal air pressure/damping, anti-dive settings.	Left	Right
	Rear Shock(s)	Smooth travel, equal pre-load/air pressure/damping settings, linkage moves freely and is lubricated.	Left	Right
<b>Chain or Belt</b>	Tension	Check at tightest point.		
	Lubrication	Side plates when hot. Note: do not lubricate belts.		
	Sprockets	Teeth not hooked, securely mounted		
<b>Fasteners</b>	Threaded	Tight, missing bolts, nuts.		
	Clips	Broken, missing.		
	Cotter Pins	Broken, missing.		
S-STANDS				
<b>Center stand</b>	Condition	Cracks, bent.		
	Retention	Springs in place, tension to hold position.		
<b>Side stand</b>	Condition	Cracks, bent (safety cut-out switch or pad equipped).		
	Retention	Springs in place, tension to hold position.		

11/07

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Motorcycle/ATV Operator Agreement

Before operation of any motorcycle/ATV, you shall successfully complete an approved rider or operator safety course. The safety course must be a Motorcycle Safety Foundation (MSF), or Specialty Vehicle Institute of America (SVIA) or MSF-based State-approved course. You are responsible to contact the installation safety office and schedule training. Once you have completed training you will report to the installation safety office and me. It is mandatory that all persons operating or riding as a passenger on a MC or ATV use appropriate Personal Protection Equipment (PPE). PPE requirements on and off the installation/Army property are as follows.

1. Helmets, certified to meet DOT standards, must be properly fastened under the chin. Outside CONUS riders may wear HN helmets if the helmet meets or exceeds U.S. DOT standards.
2. *Impact or shatter resistant goggles, wraparound glasses, or full-face shield properly attached to the helmet must meet or exceed ANSI Safety Code Z87.1-2003, for impact and shatter resistance. A windshield alone is not proper eye protection.*
3. *Footwear is mandatory. Foot protection includes sturdy over-the-ankle footwear that affords protection for the feet and ankles (durable leather or ballistic type cloth athletic shoes that cover the ankles may be worn).*
4. At a minimum, long sleeved shirt or jacket, long trousers, and full-fingered gloves or mittens designed for use on a motorcycle must be worn.
5. *Recommended protective clothing includes long-sleeved shirt or jacket, long trousers, and full-fingered gloves or mittens made from leather or other abrasion-resistant material. Motorcycle jackets and pants constructed of abrasion-resistant materials such as leather, Kevlar®, or Cordura® and containing impact-absorbing padding are strongly encouraged. Riders are encouraged to select PPE that incorporates fluorescent colors and retro-reflective material. **Note: Check with the installation safety office to get specific state, local, and installation requirements related to reflective equipment.***
6. Include specific installation and state MC/ATV traffic laws.

Reference: Department of Defense Instruction (DoDI) 6055.4 – DoD Traffic Safety Program.

\_\_\_\_\_  
Signature and Date

### **Motorcycle Operator/ATV Requirements and Individual Responsibilities Agreement**

I, \_\_\_\_\_, have read and understand the requirement of safe motorcycling/ATV operations. I acknowledge the Army requirement for Personal Protective Equipment (PPE), licensing requirements and training requirements as outlined in the Motorcycle/ATV Operator Individual Requirements and Responsibilities Agreement. I understand that if I am injured while riding a motorcycle/ATV in violation of this policy, I may be found Not-in-Line of Duty Due to Own Misconduct. Such a finding by an investigating officer can result in my loss of benefits, to include my right to free medical care, my right to disability pay, separation pay, or medical retirement from the service if my injuries make me no longer eligible for military service.

I could also face forfeiture of many of my veteran's rights such as education benefits. In addition to the Army requirement for PPE, I acknowledge that my commander has given me a direct order to NEVER operate a motorcycle/ATV without the PPE. My failure to comply with his/her order is punishable under Article 92 of the Uniform Code of Military Justice.

\_\_\_\_\_  
Signature and Date

## POV INSPECTION CHECKLIST

*At least a two week period should be allowed to ensure timely repairs.*

ITEM	WHAT TO CHECK	LOOK FOR KNOWN DEFICIENCIES	CHECKOFF	
<b>TIRES</b>				
	Condition	Tread depth, wear, weathering, evenly seated, bulges, imbedded objects, cuts, breaks. At least one mm of tread over entire traction surface. <i>(Using a penny, place it in the tire tread with head facing downward. If the tread does not reach the top of Lincoln's head, there is insufficient tread depth)</i>	Front	Rear
	<i>NOTE: No mixing of radial tires and bias tires.</i>			
	Spare tire	Spare tire (inflated), jack, lug wrench	Pass	Fail
<b>LIGHTS</b>				
	Head lights	Both high and low beams operational, cracked, condensation, secured	Left	Right
	Tail Lights	Lenses intact, tail light working when turned on (red)	Left	Right
	Brake lights	Lenses intact, brake light working when brake is applied (red)	Left	Right
	Turn Signals	Lenses intact, left and right turn signals blink (red lights in rear and yellow lights in front)	Front Left	Rear Right
	Backup lights	Lenses intact, left and right backup lights work (White Light)	Left	Right
	Four-way Flashers	Lenses intact, left and right turn signals flash/blink at the same time	Front Left	Rear Right
	License Plate Light	Lenses intact, does light stay on	Pass	Fail
<b>WINDSHIELD &amp; WINDOWS &amp; WIPERS</b>				
	Windshield	Not cracked, broken or scratched to the degree that impairs vision	Pass	Fail
	Rear Window	Not cracked, broken or scratched to the degree that impairs vision	Pass	Fail
	Windows	Windows go up and down, scratched or tinted to the degree that impairs vision	Pass	Fail
	Window controls	Check handles, push electric buttons	Front	Rear
	Windshield wipers	Both wipers are installed on vehicle, windshield wipers work, blades show signs of wear	Pass	Fail
<b>MIRROR</b>				
	Mirror Outside	Missing, cracked	Left	Right
	Mirror Inside	Missing, cracked	Pass	Fail
<b>BUMPERS</b>				
	Bumper Front	Missing, loose, broken	Pass	Fail
	Bumper Rear	Missing, loose, broken, bent in any way to cause a hazard	Pass	Fail
<b>BRAKES</b>				
	Brakes	Foot pedal cannot travel more than half way to floor, does brake light stay on	Pass	Fail
	Emergency Brake	Properly adjusted, check emergency brake by: pull/push emergency brake, apply foot to brake, gently press gas pedal, ensure brake holds vehicle	Pass	Fail

<b>Interior</b>				
Horn	Does it work	Pass	Fail	
Defroster Front	Ensure hot air blows out above the dash	Pass	Fail	
Defroster Rear	Check light on dash, if in the winter ensure it works by allowing the rear windshield to clear up	Pass	Fail	
Emergency equipment	(OPTIONAL) First aid kit, warning triangle, flashlight, fire extinguisher, blanket, flares, shovel, chains, tools, etc. (Check host nation laws for any additional equipment)	Pass	Fail	
Heater	Ensure heater works	Pass	Fail	
<b>SEATBELTS</b>				
Seatbelt Front/Rear (Include shoulder harness during inspection, may have a center seat belt)	Missing, frayed, does not snap	Front	Rear	
<b>LICENSE/DECALS/INSURANCE</b>				
State Drivers License	Expired, missing	Pass	Fail	
Installation decal	Missing, needs replacing	Pass	Fail	
License Plate (License plates match windshield decal (Europe Only))	Expired, check sticker/decal to ensure plate is current	Pass	Fail	
Insurance	Does the operator have valid insurance	Pass	Fail	
<b>UNDER THE HOOD</b>				
<b>FLUIDS</b>				
Brake	Filled to appropriate level	Pass	Fail	
Windshield washer	Windshield washer fluid	Pass	Fail	
Battery	Check the color indicator on the battery	Pass	Fail	
Power Steering	Filled to appropriate level	Pass	Fail	
<b>HOSES</b>	Cuts, cracks, leaks, bulges, chaffing, deterioration	Pass	Fail	
<b>BATTERY</b>	Terminals, clean and tight, held down securely	Pass	Fail	

Inspector's

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Operator

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Platoon Sergeant/Platoon Leaders approval \_\_\_\_\_

Date inspection was conducted \_\_\_\_\_  
conducted \_\_\_\_\_

Date follow-up inspection was

Leave/Pass/Holiday \_\_\_\_\_

*Inspection checklist can be revised based on local requirements - e.g., snow tires/chains*  
Fort Lee Form 385-5, Dec 09



## U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)

For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL  
CSOCS-308

1. TIME & DATE OF ACCIDENT				2. PERIOD OF DAY		3. ACCT CLASS		4. COMBAT STATUS		
a. Yr	b. Mth	c. Day	d. Time	<input type="checkbox"/> Day	<input type="checkbox"/> Night	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dawn	<input type="checkbox"/> Combat	<input type="checkbox"/> Non-Combat	
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)			b. Unit Address			c. Unit's Branch		
5. LOCATION OF ACCIDENT		a. Exact Location			b. Type Location			5d. Army HQ's		
d. State/Country		e. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post Name:			7. EXPLOSIVES/AMMO INVOLVED?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. MISSION		a. Briefly describe the mission.					b. METL Task? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED										
#1	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage	f. Vehicle Collision
	Material Failure/Malfunction Information (Blks 9g-9j)									
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code	l. EIR/QDR Submitted
	<input type="checkbox"/> Yes <input type="checkbox"/> No									
#2	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage	f. Vehicle Collision
	Material Failure/Malfunction Information (Blks 9g-9j)									
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code	l. EIR/QDR Submitted
	<input type="checkbox"/> Yes <input type="checkbox"/> No									
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.)								b. Describe how the materiel failed/malfunctioned and explain why (root cause).		
a. LEADER (Not ready, willing, or able to enforce standards)		b. STDS/PROCEDURES (Not clear, Not practical)			c. SUPPORT (Short comings in type, capability, amount or condition of equip/supplies/services/facilities)					
<input type="checkbox"/> Direct Supervision		<input type="checkbox"/> AR	<input type="checkbox"/> SOP	<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture				
<input type="checkbox"/> Unit Command Supervision		<input type="checkbox"/> TM	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Materiel Not Provided		<input type="checkbox"/> Inadequate Maintenance				
<input type="checkbox"/> Higher Command Supervision		<input type="checkbox"/> FM	<input type="checkbox"/> None Exists	<input type="checkbox"/> Inadequate Facilities/Services		<input type="checkbox"/> Other				
11a. NAME (Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b.)			12. SSN		13a. PERSONNEL CLASSIFICATION		13b. DATE ASSIGNED/HIRED (YYYYMMDD)			
11b. HOME ADDRESS			13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD)		14. MOS/JOB SERIES		15a. DUTY STATUS	15b. IF OFF DUTY (if on leave/pass)	Date from (YYYYMMDD)	
			<input type="checkbox"/> On-duty	<input type="checkbox"/> Off-duty	<input type="checkbox"/> Leave	<input type="checkbox"/> Pass	Date to (YYYYMMDD)			
16. DOB (YYYYMMDD)			17. GENDER		18. PAY GRADE		19. FLIGHT STATUS			
							<input type="checkbox"/> Yes <input type="checkbox"/> No			

20. MOST SEVERE INJURY (See Instructions)		a. Degree _____		Date of Death (YYYYMMDD) _____		b. Type _____		c. Body Part _____		d. Cause _____					
21. LOST TIME		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.													
a. Days Hospitalized _____ b. Days lost not Hospitalized _____ c. Days Restricted _____ d. Treated in ER <input type="checkbox"/> Yes <input type="checkbox"/> No		23. ACTIVITY CODE (if activity is parachuting, complete Blk 36)		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK											
22a. OSHA Log 300 Case No.															
b. Name of Physician															
c. Name and Address of Treatment Facility															
25. PERSONAL PROTECTIVE EQUIPMENT		AVAILABLE?		USED?		N/A		26. ALCOHOL/DRUGS CAUSE/CONT		27. EQUIP THIS PERSON WAS ASSOCIATED WITH?					
CHECK APPROPRIATE BLOCK(S)		Yes	No	Yes	No			<input type="checkbox"/> Yes BAC % _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		(Enter Item No. from Blk 9)					
<input type="checkbox"/>	a. Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			28a. LICENSED TO OPERATE EQUIPMENT		28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING					
<input type="checkbox"/>	b. Restraint System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____					
<input type="checkbox"/>	c. Goggles/glasses/visor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			28c. MSF CERTIFIED		29. DUTY HOURS					
<input type="checkbox"/>	d. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		a. Time work began (e.g., 0645): _____					
<input type="checkbox"/>	e. Ear Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					b. Continuous hours: _____					
<input type="checkbox"/>	f. IBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			30. HRS SLEEP LAST 24		31. TACTICAL TRAINING					
<input type="checkbox"/>	g. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		32. TYPE TRAINING FACILITY					
<input type="checkbox"/>	h. Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					33. LAST TRAINING					
DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/>															
34. FIELD EXERCISE/NAMED OPERATION						35. NIGHT VISION SYSTEM USED									
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide name: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide type: _____									
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.															
a. Mistake <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.													
b. Code															
37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)															
a. LEADER (Not ready, willing, or able to enforce standards)		TRAINING (Insufficient in Content/Amount)		STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)							
<input type="checkbox"/>	Direct Supervision	<input type="checkbox"/>	School	<input type="checkbox"/>	AR	<input type="checkbox"/>	SOP	<input type="checkbox"/>	Equip/Material Improperly Designed	<input type="checkbox"/>	Inadequate Manufacture	<input type="checkbox"/>	Poor/Bad Attitude	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Unit Command Supervision	<input type="checkbox"/>	Unit	<input type="checkbox"/>	TM	<input type="checkbox"/>	Other	<input type="checkbox"/>	Equip/Material Not Provided	<input type="checkbox"/>	Inadequate Maintenance	<input type="checkbox"/>	Overconfident	<input type="checkbox"/>	Alcohol, Drugs
<input type="checkbox"/>	Higher Command Supervision	<input type="checkbox"/>	Experience, OJT	<input type="checkbox"/>	FM	<input type="checkbox"/>	None exists	<input type="checkbox"/>	Inadequate Facilities/Services	<input type="checkbox"/>	Other	<input type="checkbox"/>	In a Hurry	<input type="checkbox"/>	Fear/Excitement

37b. Describe root cause(s) (reason) and tell how it/they caused the mistake.

38. PARACHUTE INFORMATION FOR PERSON LISTED IN Blk 11.

a. Jumper Height	g. Wind Direction/Speed at Jump Height      Drop Zone		m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS a. Present: #1 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk b. Caused/Contributed: #1 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
b. Jumper Weight			n. Number of Previous Jumps	
c. Type of Jump	h. Jump Altitude		o. Date Graduated Basic Airborne Training (YYYYM/DD)	
d. Parachute Type/Model	i. Position in Stick		p. Type Aircraft	
e. Equipment	j. Door Exited		q. Accident Factors (parachute):(Explain as necessary)	
	k. Time Pre-jump Conducted			
f. Wt. of Equipment	l. Date of Last Jump			

40. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required)/(Explain sequence of events, tell how acdt happened.)

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#				
b. Quantity				
c. Net Explosive Weight (NEW)				
d. DoDIC/DoDAC				

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI), Rank Position/Title	b. Telephone No. DSN: _____ COM: _____
	c. Email Address: _____

44. COMMAND REVIEW	a. Name	b. Signature	c. Rank	d. Date (YYYYM/DD)
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45. SAFETY OFFICE REVIEW	a. Name, Rank & Title	b. Phone Number
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c. Email Address	d. Date Reviewed (YYYYM/DD)	e. Local Report No. (Safety Office use only)
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**COMPOSITE RISK MANAGEMENT WORKSHEET**

For use of this form, see FM 5-19; the proponent agency is TRADOC.

1. MSN/TASK	2a. DTG BEGIN	2b. DTG END	3. DATE PREPARED (YYYYMMDD)
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4. PREPARED BY			
a. LAST NAME	b. RANK	c. POSITION	

5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK LEVEL	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?

Additional space for entries in Items 5 through 11 is provided on Page 2.

13. OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED <i>(Check one)</i>			
<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH	<input type="checkbox"/> EXTREMELY HIGH

14. RISK DECISION AUTHORITY			
a. LAST NAME	b. RANK	c. DUTY POSITION	d. SIGNATURE

**CONFINED SPACE ENTRY PERMIT**

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Description of confined Space: \_\_\_\_\_ TIME: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_

Authorized Entrant (s): \_\_\_\_\_

Attendant: \_\_\_\_\_ Backup Person: \_\_\_\_\_

Successfully Completed Training Yes No (Circle One) Yes No (Circle One)

Successfully Completed First Aid Yes No (Circle One) Yes No (Circle One)

**SPECIAL REQUIREMENTS**

Lockout De-Energize  
Lines Broken – Capped or blanked  
Ventilation  
Purge – Flush & Vent  
Secure Area

YES	NO

**HAZARDOUS WORK**

Burning  
Welding  
Brazing  
Open Flames  
Non Sparking Tools  
Burning/Welding Permit  
Other

YES	NO

**HAZARDS EXPECTED**

**Corrosive Material**

**Hot Equipment**

**Flammable Materials**

**Toxic Materials**

**Drains Open**

YES	NO

**Cleaning (Ex: Chemical or water lance)**

**Non-Spark Producing Operations**

**Spilled Liquids**

**Pressure Systems**

**Other**

YES	NO

***VESSEL CLEANED***

Deposits \_\_\_\_\_

Method \_\_\_\_\_

Inspection \_\_\_\_\_

Neutralized With \_\_\_\_\_

Fire Safety Precautions: \_\_\_\_\_

**PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES WILL REMAIN AT JOBSITE UNTIL JOB IS COMPLETED.**

**PERSONAL SAFETY**

	YES	NO		YES	NO
Respirators			Lighting (Explosive Proof)		
Protective Clothing			Communications		
Head, Hand, & Foot Protection			Buddy System		
Shields			Standby Person		
Lifelines			Emergency Egress Procedures		
Full Body Harness			Emergency Escape Retrieval Equipment		
Fire Extinguishers					

**TEST(S) TO BE TAKEN**

	Permissible Entry Level	Reading and Time							
% of Oxygen	19.5% to 23.5%								
Carbon Monoxide	+35 PPM								
Hydrogen Sulfide	+10 PPM * 15 PPM								
Sulfur Dioxide	+ 2 PPM * 5 PPM								
Ammonia	* 35 PPM								
Hydrogen Cyanide	(Skin) * 4 PPM								
Lower Flammable Limit	Under 10 %								

- \* **Short-term exposure limit: Employee can work in the area up to 15 minutes.**
- + **8 hr. Time Weighted Avg.: Employee can work in area 8 hrs (longer with appropriate respiratory protection).**

Note: Continuous/periodic tests shall be established before beginning job.  
 Any questions pertaining to test requirements contact Safety Office or the Industrial Hygienist.

**INSTRUMENTS USED:** \_\_\_\_\_ **CALIBRATION DATE:** \_\_\_\_\_

Communication Style: (Verbal, Radio, Tapping, or etc.)

Remarks: \_\_\_\_\_

Test Performed By: \_\_\_\_\_

SIGNATURE

**AUTHORIZATIONS:**

Entry Supervisor: \_\_\_\_\_

Entry and Emergency Procedures Understood:

Attendant \_\_\_\_\_

Rescue \_\_\_\_\_

Telephone \_\_\_\_\_

Original to Entry Supervisor  
 Retain for 1 year

## ARMS ROOM CHECKLIST

- \_\_\_\_ 1. Are Hazard Classes (HC) 1.1 and 1.2 (high explosives) ammunition prohibited from being stored in the arms room?
- \_\_\_\_ 2. Does the total amount of small-arms ammunition (HC 1.4, 50 cal or less) exceed 5,000 rounds? (If so, written authorization is required.)
- \_\_\_\_ 3. Is the correct fire symbol posted at arms room entrance? (Fire symbol #4 for HC 1.4, Fire symbol #3 for HC 1.3)
- \_\_\_\_ 4. Is the arms room free of flame producing items, flammable items, and combustible liquids?
- \_\_\_\_ 5. Is a copy of the security construction statement (DA Form 4604-R) on hand?
- \_\_\_\_ 6. Is a serviceable and appropriate fire extinguisher (10 lbs) available?
- \_\_\_\_ 7. Are ammunition containers properly marked?
- \_\_\_\_ 8. Is a complete inventory of stored items on hand?
- \_\_\_\_ 9. Is Class 1.3 (signaling devices and riot control munitions) itemized by DODAC, quantity, limited to mission essential, and specifically authorized by battalion commander?
- \_\_\_\_ 10. Are appropriate chemical hazard symbols posted, if required?
- \_\_\_\_ 11. Are safety data sheets (SDS) posted for each hazardous chemical?
- \_\_\_\_ 12. Are personnel trained in hazard material storage and transportation?
- \_\_\_\_ 13. Is a complete risk assessment posted or on file?
- \_\_\_\_ 14. Is a commander's approval memo posted or on file?
- \_\_\_\_ 15. Is a current license to store small arms (1.4) posted inside?
- \_\_\_\_ 16. Is a company arms room SOP on file?

Fort Lee Form 385-4, Dec 09