APPENDIX F
MISHAP LOGBOOK ENTRY WORKSHEET

File Number/ Mishap Number	Date of Mishap	Time	Duty Status	Type of Mishap	Class	Total # Fat/Inj	MCC	RUC	Comp CMD	Major CMD	Parent CMD	Unit CMD	Co/Dept.

Last Name	First Name	MI	Rank	MOS	Rate	Age	Gender	Billet MOS	Indiv Status	Job Title	Driver's License	State	Expir Date

Mishap Summary	Causal Factors

Base	State/Cntry	City/County	General Area	Specific Location	Equipment Involved

General Activity	Specific Activity	Environmental Conditions

Injury Type	Body Part	Chemical Involved:	Chemical Comments

Personal Protective Equipment Used: ___ Helmet/Hard Hat ___ Safety Boots ___ Gloves ___ Flakjacket

___ Goggles/Glasses ___ Reflective Vest ___ Ear Plugs ___ Personal Flotation Device

___ Long Leg Pants ___ Long Sleeve Shirt ___ Seat Belt ___ Other (List)

Motor Vehicle:
Make:_____ Model: _____Year:_____

Where seated: _____ (Driver/Front, Rear Passenger)

Under Influence
Alcohol_____ BAC _____

Drugs _____

Ordnance: NSN:_____

Lot # _____ DODIC:_____

Training:

Formal Training (List type) _____Date_____

a. Lost Work Days: _____
Status: _____
Date of Status: _____
Hosp Days: _____
Lost Time Days: _____
Total Lost Time: _____
Limit/Light Duty Days: _____

Total Time Cost: _____

b. Civilian Only:
___ No Lost Time
___ First Aid

_____

Military Only: Prognosis: Will Marine have to leave the Corps due to injury?

c. Property Damage
DoD Property Damage: _____
Non DoD Property Dmg: _____

Total Damage Costs: _____

_____

Total Costs: (a,b,c)

Motorcycle/DIC/EVOC training:

List specific type of training given:

Training Place:_____Date:_____

Mishap Tracking Information:
Start Date: _____
Report Due Date: _____
Report Sent Date: _____

Message Traffic: List DTG of PCR, SIR, or OPREP-3

FY - Quarter: _____ Annotated Report _____
FY Year: _____ Date Closed: _____

POC: Name:_____ **E-Mail:**_____ **DSN:**_____ **Commercial:**_____ **FAX:**_____