

## GROUND ACCIDENT NOTIFICATION WORKSHEET

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date/Time of Injury/Illness: \_\_\_\_\_

Where the event occurred (e.g., Loading dock north end, bldg #)

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Describe accident (injury/illness or property damage), parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch).

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Was Personal Protective Equipment used?:      YES     NO   

Supervisors must report all accidents immediately to the Safety Office, Graf/Vilsec 526-2305, Hohenfels 466-2865, Garmisch 440-3595.

Use this form to capture pertinent information related to the accident and forward it to the Safety Office. This form is available on the USAG Bavaria website. Email the form to [usarmy.bavaria.imcom-europe.list.safety@mail.mil](mailto:usarmy.bavaria.imcom-europe.list.safety@mail.mil).