



U.S. Department of Energy INDIVIDUAL ACCIDENT/INCIDENT REPORT

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P.D. Accident Type Energy Flow
Enter GICS Narrative FRASE Coding Revision: 1st 2nd 3rd 4th

General Information

- 1. Organization Name
Organization Code
- 2. Case Number
- 3. Multiple Case Number
- 4. Accident Type Injury/Illness Vehicle
 Property Damage Other
- 5. Investigation Type A B C Non-recordable
- 6. Department, Division,
or I.D. Code
- 7. Date of Occurrence
Month Date Year
- 8. Time (Military)
- 9. Accident Occurred Indoors Outdoors
- 10. On Employer's Premise Yes No
- 11. Specific Location

Employee Information

- 12. Check One: Injured/Ill Employee
 Operator of Equipment/Vehicle
- 13. Name
- 14. S.S./I.D. Number
- 15. Age
- 16. Sex: Female Male
- 17. Occupation
- 18. Length of present employment:
 Under 3 months 3 to 12 months Over 12 months
- 19. Experience on this job/equipment:
 Under 3 months 3 to 12 months Over 12 months

If Property Damage or Vehicle Accident, go to Line 26

Injury/Illness (OSHA Information)

- 20. Injury Code (10)
 Code 7a(21) - Skin disease or disorders
 Code 7b(22) - Dust diseases of lungs
 Code 7c(23) - Resp. due to toxic agents
 Code 7d(24) - Poisoning
 Code 7e(25) - Disorders-Physical agents
 Code 7f(26) - Disorders-Repeated trauma
 Code 7g(29) - All others
- 21. Workdays Lost
- 22. Workdays Restricted
- 23. Death Yes No
If "Yes," enter date
Month Date Year
- 24. Permanent transfer to different job because of accident?
 Yes No
Terminated because of accident?
 Yes No
- 25. Has employee returned to work with no further anticipated workdays lost or restricted?
 Yes No

Property/Vehicle Damage

- 26. Property Fire Non-Fire
(If Property Damage Accident go to Line 30)
- 27. Vehicle Government
 Private - Driver by Government Employee
 Car/Pickup/Van/Motorcycle
 Truck (1 ton or over)
 Bus
 Other (Air, Marine, Railroad, etc.)
- 28. Was vehicle equipped with seat belts? Yes No
If "Yes," was seat belt working properly? Yes No
- 29. Did vehicle accident involve recordable injury? Yes No
- 30. \$
Total Accident Damage
- \$
DOE Property/Vehicle
- \$
Non-DOE Property/Vehicle
- 31. \$
Claim against DOE \$
Paid by DOE
- \$
Reimbursed to DOE \$
Paid to DOE
- 32. Are the dollar amounts final? Yes No

Equipment/Hardware/Vehicle Involved (as applicable)

- 33. #1 Equipment
Generic (or brand) name and model Identification Number
- #2 Equipment
Generic (or brand) name and model Identification Number
- 34. Did equipment design or defect contribute to accident cause or severity? Yes No

NARRATIVE GUIDE

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE/OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

35. Activity in progress at time of accident. Be specific. For example, if the employee was using tools or equipment or handling material, name them and tell what he was doing with them.

36. Events - Begin with initiating event and end with nature and extent of injury/damage. Name any objects or substances involved and tell how they were involved. Use a separate sheet for additional space.

Name and address of physician _____

If hospitalized, name and address of hospital _____

37. Accident Causes

a. Conditions

b. Actions

c. Factors influencing a or b.

38. Corrective Actions (if risk is acceptable, corrective action may not be necessary)

a. Actions taken

b. Actions recommended

c. To be completed by _____
Implementation Date

39. Accident Investigator _____ Date _____ Telephone _____

Official Position Supervisor Safety Professional Other _____

40. Supervisor responsible for Corrective Action _____ Date _____ Telephone _____

41. Accident Investigation Contact

(if different from line 39) _____ Telephone _____

Attachment to DOE Form 5484.3

Construction subcontractors working at Oak Ridge National Laboratory in Oak Ridge, Tennessee, should mail completed forms to:

Mr. Dell Morgan
Oak Ridge National Laboratory
P.O. Box 2008 MS 6340
Oak Ridge, TN 37831-6340

Forms may also be sent by facsimile to Mr. Morgan at (865) 576-2893 or hand-delivered to him in Building 1000, Oak Ridge National Laboratory.

All other subcontractors should mail completed forms to:

Ms. Carol Kendrick
Oak Ridge National Laboratory
P.O. Box 2008 MS 6348
Oak Ridge, TN 37831-6348

Forms may also be sent by facsimile to Ms. Kendrick at (865) 576-5372 or hand-delivered to her in Building 5500A, Room A-101, Oak Ridge National Laboratory.