

GROUND ACCIDENT NOTIFICATION WORKSHEET

Supervisors must immediately report all accidents to Garrison Safety.

Use this form to capture pertinent information and forward completed copy to Garrison Safety. This form is also available on the USAG Ansbach Sharepoint Portal.

Employee Name: _____

Job Title: _____

Supervisor: _____ Phone #: _____

Date/Time of Injury/Illness: _____

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

Describe the 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).

Was Personal Protective Equipment used? YES _____ NO _____

Garrison Safety Office POC is:

Email: usarmy.ansbach.imcom-europe.mbx.safety-office@mail.mil

PHONE: 0981-183-1670 or DSN 467-1670