



UNITED STATES MARINE CORPS  
MARINE CORPS BASE  
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

BBul 5101  
SAFD/jjs  
3 Jul 1986

BASE BULLETIN 5101

From: Commanding General  
To: Distribution List

Subj: Ground Occupational Safety and Health Mishap Reporting

Ref: (a) MCO 5101.8D (NOTAL)  
(b) MCBul 5101 of 4Mar85

Encl: (1) Limited/General Use Mishap Report (Message Format)  
(2) Privacy Act Statement for Supervisor's Mishap Report

Reports Required: I. Limited/General Use Mishap Report, par 3.a, 3.b(1), (a), (b), (c), 3.b(2), 3.f, 3.g, 4.a(3), 4.d and enclosure (1)

II. Supervisor's Mishap Report (MCBCL 5102/2), Report Control Symbol MCBCL 5101-01 (refer to par. 4.a(1), 4.a(2), 4.a(5) and enclosure (2) of the text

1. Purpose. To promulgate instructions for the submission via message format of Limited/General Use Mishap Reports.

2. Information. The Marine Corps experiences a loss of millions of dollars annually on accidental damage, fatalities, occupational injuries and illnesses. Hazard awareness and mishap prevention efforts depend on thorough investigations and reports aimed at how and why a mishap occurred. Message reporting allows for more timely submission, analysis and feedback.

3. Procedures

a. All mishaps meeting the criteria established in reference (a) shall be reported in accordance with the guidelines and format established in reference (b) and contained herein as enclosure (1). This order does not relieve commands of any reports required by other directives resulting from these mishaps. Procedures concerning OPNAV Form 5100/10, Log of Navy Occupational Injuries and Illnesses, and NAVMC Form 10323, Consolidated Mishap Report, remain in effect.

b. All definitions and terms in reference (a) apply with the following exceptions:

(1) Limited Use Mishap Reports

(a) The sole purpose of the Limited Use Mishap Report is the prevention of subsequent mishaps. The Limited Use Mishap Investigation Report is required for all mishaps involving Marine Corps equipment such as weapons systems, and all associated support equipment. Within the scope of this Order, application of Limited Use Mishap Investigation Reports include only those Class A through Class D mishaps which involve the operation or maintenance of Marine Corps weapons systems (guided missiles, laser devices, or armored vehicles) where determination of causal factors is essential to assist in preventing the recurrence of a similar mishap.

(b) Access to an entire Limited Use Mishap Investigation Report is subject to exemption from disclosure under the Freedom of Information Act. However, a summary of purely factual information such as date, location and mishap severity may be released as required by law or pursuant to court order or upon specific authorization of the Commandant of the Marine Corps (MHS).

(c) The Limited Use Mishap Report will be forwarded using the procedures and format contained herein.

(2) General Use Mishap Reports will be used to report all mishaps not included in the limited use category. The primary purpose of these reports is also mishap prevention. As such, they will not be used as evidence or to obtain evidence in determining misconduct or line of duty status, or in connection with any punitive or administrative action within the Marine Corps. General Use Mishaps Reports are not exempt from mandatory disclosure. They may be released in accordance with the Occupational Safety and Health Program, Department of Labor Regulations, or in response to Freedom of Information Act requests when approved by cognizant authority. Promises of confidentiality in taking statements or other investigative processes will not be accorded.

(3) Mishap Severity Classifications are:

(a) Class A Mishap. The resulting total cost of property damage and personnel injuries is \$500,000 or greater; or an injury/occupational illness resulting in a fatality or permanent total disability.

(b) Class B Mishap. The resulting total cost of property damage and personnel injuries is \$100,000 or more, but less than \$500,000; or an injury/occupational illness resulting in permanent partial disability or the hospitalization of five or more personnel.

(c) Class C Mishap. The resulting total cost of property damage and personnel injuries is \$10,000 or more, but less than \$100,000; or an injury/occupational illness resulting in a lost workday case with days away from work.

(d) Class D Mishap. The resulting total cost of property damage is less than \$10,000.

c. All mishaps involving property damage for which the government is liable for \$1,000 or more are reportable.

d. Reports concerning days of restricted work activity or nonfatal cases without lost workdays are not required to be submitted to Headquarters Marine Corps, however, local records shall be maintained for analysis purposes.

e. A standard rate of \$14 per man-hour will be used for computing labor costs.

f. Limited/General Use Mishap Reports shall be submitted within 14 days following occurrence of all reportable mishaps. Any extension to this deadline will be requested via message to CMC (MHS) providing reason for request.

g. At all levels the immediate supervisor has the greatest influence on mishap reporting. There are two important things that must be done to ensure that all mishaps are reported:

(1) Indoctrinate all subordinates, and especially new arrivals, to report all mishaps no matter how small, as well as the "near misses" where only chance prevented a mishap. Ensure that personnel fully appreciate that hazardous conditions cannot be corrected unless they are reported conscientiously.

(2) Act on all reports immediately, investigate and take corrective measures. Submit the appropriate forms and reports for those mishaps meeting reportable criteria.

#### 4. Action

a. Organizational commanders and department heads will ensure the following procedures for mishap investigation and reporting are followed:

(1) The cognizant line supervisor will immediately notify the collateral duty safety officer/designated representative of any mishap likely to require submittal of enclosure (1). The cognizant line supervisor will conduct the mishap investigation on all mishaps involving lost workdays, restricted duty, and property damage to the government of \$1,000 or more utilizing the form contained herein as enclosure (2). Form MCBCL 5102/2, stocked at Self-Service, Building 1606.) The investigations must be completed and forwarded as appropriate within 4 working days following the occurrence of any reportable mishaps.

(2) The Supervisor's Mishap Report will be forwarded to the department or organization collateral duty safety officer, or for those departments not having an appointed collateral duty safety officer, a designated representative for review and further investigation, if appropriate.

(3) The collateral duty safety officer or designated representative will prepare the Limited/General Use Mishap Report in message format as contained in enclosure (1) ensuring all pertinent information is included and forward the report to the organizational commander or department head for review and approval within seven working days following the occurrence of the reportable mishap.

(4) The organizational commander or department head will approve the report and forward, via the Base Safety Office, to the Assistant Chief of Staff, Manpower, Marine Corps Base.

(5) A copy of the Supervisor's Mishap Report will accompany the report to the Base Safety Office and will be used by Base Safety for statistical purposes and maintaining the OPNAV Form 5100/10.

b. The Assistant Chief of Staff, Manpower or his designated representative will review and release the report to CMC (Code MHS).

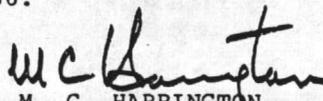
c. The Provost Marshal, Marine Corps Base, shall prepare two copies of all Traffic Investigation Reports for the Base Safety Office and one copy for tenant command Safety Officers when applicable to be used for statistical analysis. These reports may be picked up daily after 1300 at the Provost Marshal Traffic Section located in building #37.

d. The Base Safety Manager will provide onsite technical assistance with mishap investigations when requested by collateral duty safety officer or designated representative. Further, the Base Safety Manager will review all Marine Corps Base Limited/General Use Mishap Report messages prior to release. The Base Safety Manager will also compile a quarterly Consolidated Mishap and Injury Report (NAVMC 10323) for submission to the Commandant of the Marine Corps (Code MHS). The report will be completed in accordance with the provisions set forth in reference (a). The Base Safety Manager will also maintain the OPNAV Form 5100/10.

e. Tenant commands aboard Marine Corps Base will initiate internal procedures to implement the reporting procedures contained herein and satisfy the reporting requirements set forth in references (a) and (b). Forwarding of messages and mishap reports to the Base Safety Office will not be required unless Base personnel are involved.

5. Concurrence. This Order has been coordinated and concurred in by the Commanding Generals, II Marine Amphibious Force; 2d Marine Division, FMF; 2d Force Service Support Group (Rein), FMF; and 6th Marine Amphibious Brigade, FMF.

6. Self-Cancellation. 31 December 1986.

  
M. C. HARRINGTON  
Chief of Staff

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LIMITED/GENERAL USE MISHAP REPORT  
(Message Format)

FROM: Reporting Command

TO: CG MCDEC QUANTICO VA

INFO: CMC WASHINGTON, DC

UNCLAS FOUO//N05102//

PASS TO COMMAND BASE SAFETY OFFICER

CMC//CODEXMHS//MCDEC//CODE C051-2/

SUBJ: This is a Limited/General Use Mishap Report to be used only for safety purposes.

A. MCO 5101.8D

B. ALMAR 049/85

1. In compliance with references (a) and (b), the following report is submitted:
2. Summary: Provide a brief description of the mishap.
3. Mishap Information
  - a. Parent Command (as contained in the reference).
  - b. Severity class of mishap (Class A, B, C of D).
  - c. Type of mishap (Occupational, POV, GOV, Training, Recreational, Barracks, Home, Misc.).
  - d. Local date time group of mishap and day of week.
  - e. Geographic location (city and state, installation name, etc.).
  - f. Specific location where mishap occurred (shop, work center, base facility, street name, home, public beach, etc.).
  - g. General activity at time of mishap (maintenance, training, liberty, recreation, etc.).
  - h. Environmental conditions (weather, road conditions, lighting, etc.).
4. Personnel data (if next of kin have not been notified, substitute the phrase: Name withheld pending notification of NOK).
  - a. Fatalities (list each DOD employee separately). Name, grade, MOS (or job title), age, sex, unit, duty status (on or off-duty, in transit, civil service, nonappropriated or foreign national), activity at time of mishap (driver, passenger, pedestrian, sport, job being performed, etc.), number of months experience at job or activity.
  - b. Injuries (list each DOD employee separately). Same as paragraph 3A above. Also include medical diagnosis, extent of injury or illness (perm total disability, perm partial disability, no disability likely), date lost workday began, date returned to duty, actual/estimated days hospitalized, actual/estimated lost workdays.
  - c. Other fatalities/injuries (provide total number for non-DOD employees).
  - d. Witnesses (provide name, address, telephone number).

ENCLOSURE (1)

5. DOD property damage (list each item separately, for GOV include year, make and model).

a. Destroyed. (Description of item, estimate of cost to replace.)

b. Damaged. (Description of item, extent of damage, estimate of cost to repair including parts and man-hours.)

6. Non-DOD property damage (list each item separately for which government is liable).

a. Destroyed. (Description of item, estimate of cost to replace.)

b. Damaged. (Description of item, extent of damage, estimate of cost to repair including parts and man-hours.)

7. Point of Contact. Provide grade, name and telephone number (autovon and commercial).

8. Narrative. Provide complete description of mishap to include chain of events leading up to, through and subsequent to the mishap. Elaborate with remarks so the who, what, where, when and how of the mishap are known.

9. Additional information (provide as applicable).

a. Qualifications (swim, marksmanship, job certification, etc.).

b. Personal protective clothing, seatbelts or safety devices required, used and effectiveness.

c. For motor vehicle mishaps provide:

(1) Type of vehicle (year, make and model).

(2) Operator permit, limitations and expiration date.

(3) Operator training courses completed and date (AAA Driver Improvement, Multimedia, Motorcycle Safety, Emergency Vehicle, etc.).

(4) Driver condition for DOD operators (not impaired, fatigue, legally intoxicated, alcohol impaired, alcohol related, drug related).

d. For all other mishaps indicate if alcohol or drug related.

10. Cause factor(s) of mishap (specify in sufficient detail for all known or probable cause factors; personnel factors apply to all persons involved whether injured or not).

a. Personnel factors (unsafe act, unsafe work practice, distraction, carelessness, physiological factor, failure to understand or follow procedures, lack of skill, etc.).

b. Supervisory factors (inadequate training, inadequate procedures or instructions, failure to provide adequate material or equipment, inadequate supervision, etc.).

c. Material/equipment factors (material failure, defective design, equipment malfunction, inadequate maintenance, etc.).

d. Facilities factors (improper illumination or ventilation, hazardous environment, etc.).

11. Corrective action, recommendations or lessons learned.

END OF MESSAGE FORMAT

ENCLOSURE (1)

PRIVACY ACT STATEMENT

For  
SUPERVISOR'S MISHAP REPORT

1. I have read and understand the Privacy Act Statement, a copy of which I have received.

Signature of injured person

Date

Detach and furnish to injured person

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552A)

Authority for obtaining information on this form is Title 5 U.S. Code, Section 301. Executive Order 9397 of 22 November 1943 authorizes use of your Social Security Number. The purpose of this form is to gather and provide data for the analysis of miscellaneous mishaps; to collect and provide data to the Department of Defense and Department of Labor on the subject of occupational safety and health; and to maintain safety and mishap prevention data and statistics. The information is used to record description of personal injury; mishap description and property damages, to include personal or private; and industrial equipment damages. Your Social Security Number is being obtained for purposes of positive personal identification. Providing information on this form is mandatory. Failure to provide the requested information would hamper the collection of data needed for the analysis of miscellaneous mishaps in which members of the Marine Corps are involved. Disclosure of your Social Security Number is mandatory.

ENCLOSURE (2)

SUPERVISOR'S MISHAP REPORT

2. SUMMARY OF MISHAP:

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3. MISHAP INFORMATION

a. Parent Command \_\_\_\_\_

b. Severity Class of Mishap

Class A

Class B

Class C

Class D

c. Type of Mishap

(1) Occupational:

Military

Civilian

(2) Motor Vehicle:

POV

GOV

(3) Training:

Entry-Post Entry (Recruit Training, Basic Sequential Training, OCS, Basic School)

FMF, Forces Afloat, Other (Training exercises while assigned to FMF, etc.)

(4) Recreation:

On Duty

Off Duty

(5) Barracks:

(6) Home:

(7) Miscellaneous: Specify \_\_\_\_\_

d. Date of Mishap \_\_\_\_\_

Time of Day \_\_\_\_\_

Day of Week \_\_\_\_\_

e. Geographic Location

(1) City & State: \_\_\_\_\_

(2) Installation Name: \_\_\_\_\_

(3) Specific Location Where Mishap Occurred (Specify Shop, Work Center, Facility, Street Name, Home, Beach, etc.): Recreation Shop etc

(4) General Activity at Time of Mishap (Specify Maintenance, Training, Liberty, Recreation): \_\_\_\_\_

ENCLOSURE (2)

BCL 5102/2)

(5) Environmental Conditions:

(a) Weather:

Clear      Raining      Snowing      Fog      Other

(b) Road Condition:

Dry      Icy      No Defects  
Wet      Loose Material on Surface      Other (Specify) \_\_\_\_\_  
Muddy      Holes, Ruts  
Snow      Under Construction

(c) Character of Road:

Straight      Up Hill  
Curve      Hill Crest  
Level      Down Hill

(d) Road Surface:

Concrete      Gravel, Sand, Dirt-Oiled  
Brick      Gravel, Sand, Dirt-Unoiled  
Black Top      Other (Specify) \_\_\_\_\_

(e) Lighting:

Daylight      Dawn      Dusk  
Artificial Light      No Artificial Light

(f) Traffic Control:

Stop & Go Light      Yield  
Stop Sign      Traffic Control Point  
Warning Sign/Signal      No Control Present

(g) Road Widths and Lanes:

Width of Road/Pavement \_\_\_\_\_  
Number of Lanes \_\_\_\_\_  
Lanes Marked      Yes      No  
Lanes Separated      Yes      No  
By What \_\_\_\_\_

4. PERSONNEL DATA (Indicate if next of kin have been notified)

a. Fatalities (List each employee separately. Use additional sheets if necessary.)

ENCLOSURE (2)

(1) Name \_\_\_\_\_ (2) Grade \_\_\_\_\_  
(3) MOS/Job Title \_\_\_\_\_ (4) Age \_\_\_\_\_ (5) Sex \_\_\_\_\_  
(6) Unit \_\_\_\_\_

(7) Duty Status: \_\_\_\_\_  
On Duty (Military) \_\_\_\_\_ Civil Service \_\_\_\_\_  
Off Duty (Military) \_\_\_\_\_ Nonappropriated \_\_\_\_\_  
In Transit (Military) \_\_\_\_\_

(8) Activity at Time of Mishap: \_\_\_\_\_  
Driver \_\_\_\_\_ Job being performed (Specify) \_\_\_\_\_  
Passenger \_\_\_\_\_  
Pedestrian \_\_\_\_\_

b. Injuries (List each employee separately)

(1) Name \_\_\_\_\_ (2) Grade \_\_\_\_\_  
(3) MOS/Job Title \_\_\_\_\_ (4) Age \_\_\_\_\_ (5) Sex \_\_\_\_\_  
(6) Unit \_\_\_\_\_

(7) Duty Status: \_\_\_\_\_  
On Duty (Military) \_\_\_\_\_ Civil Service \_\_\_\_\_  
Off Duty (Military) \_\_\_\_\_ Nonappropriated \_\_\_\_\_  
In Transit (Military) \_\_\_\_\_

(8) Medical Diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) Extent of Injury or Illness: \_\_\_\_\_  
Permanent Total Disability \_\_\_\_\_  
Permanent Partial Disability \_\_\_\_\_  
No Disability Likely \_\_\_\_\_  
Lost Workdays \_\_\_\_\_  
Date Lost Workday Started \_\_\_\_\_  
Date Returned to Duty \_\_\_\_\_  
Days Hospitalized \_\_\_\_\_  
Restricted Workdays \_\_\_\_\_  
Number Days Restricted \_\_\_\_\_

ENCLOSURE (2)  
MCBCL 5102/2

- c. Other Fatalities/Injuries (Provide total number) \_\_\_\_\_
- d. Witnesses (Provide name, address, telephone number) \_\_\_\_\_

5. DOD PROPERTY DAMAGE (List each item separately; for GOV include year, make and model)

a. Destroyed

(1) Description of item: \_\_\_\_\_

(2) Estimate of cost to replace: \_\_\_\_\_

b. Damaged

(1) Description of item: \_\_\_\_\_

(2) Extent of damage: \_\_\_\_\_

(3) Estimate of cost to repair; include parts and man-hours: \_\_\_\_\_

6. NON-DOD PROPERTY DAMAGE (List each item separately for which government is liable)

a. Destroyed

(1) Description of item: \_\_\_\_\_

(2) Estimate of cost to replace: \_\_\_\_\_

b. Damaged

(1) Description of item: \_\_\_\_\_

(2) Extent of damage: \_\_\_\_\_

(3) Estimate of cost to repair, include parts and man-hours: \_\_\_\_\_

7. POINT OF CONTACT. Grade \_\_\_\_\_ Name \_\_\_\_\_ Phone: AV \_\_\_\_\_ Comm \_\_\_\_\_

8. NARRATIVE. Provide complete description of mishap to include chain of events leading up to, through and subsequent to the mishap. Elaborate so as to make known the who, what, where, when and how.

ENCLOSURE (2)

9. ADDITIONAL INFORMATION (Provide as applicable)

a. Qualifications (Swim, Marksmanship, Job Certification, etc.) Specify: \_\_\_\_\_  
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b. Personal Protective Clothing

(1) Required (Eyewear, Hearing Protection, Gloves, Seat Belts, etc.)  
Specify: \_\_\_\_\_

(2) Used:                      Yes                      No                      Not Available or Equipped

(3) Effectiveness: \_\_\_\_\_  
-----

c. For Motor Vehicle Mishaps Provide

(1) Type of Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

(2) Operator Permit:

Number \_\_\_\_\_ Limitations \_\_\_\_\_

Expiration Date \_\_\_\_\_ Years Driving Experience \_\_\_\_\_

Number Hours on Duty Preceding Accident \_\_\_\_\_

(3) Operator Training Courses Completed and Date:

AAA Driver Improvement                      Date \_\_\_\_\_

Multimedia                      Date \_\_\_\_\_

Motorcycle Safety                      Date \_\_\_\_\_

Emergency Vehicle                      Date \_\_\_\_\_

Other (Specify) \_\_\_\_\_

(4) Driver Condition:

Had not been drinking                      Physical Defects

Had been drinking                      Sleepy, Fatigue  
if so

Ability Impaired                      Apparently Sleepy

Ability Not Impaired                      Apparently Normal

d. For all other mishaps, indicate if alcohol or drug-related.                      Yes                      No

10. CAUSE FACTOR(S) OR MISHAP (Specify in sufficient detail for all known or probable cause factors; personnel factors apply to all persons involved whether injured or not.)

a. Personnel Factors

(1) Unsafe Act: (check all that apply)

Failure to Use Personal Protective Equipment

Failure to Wear Safe Clothing

Failure to Secure or Warn

ENCLOSURE (2)

MCBCL 5102/2)

Improper Use of Equipment  
Improper Use of Body Parts  
Inattention to Surroundings  
Failure to Use Safety Devices  
Failure to Recognize Hazards  
Working on Moving Equipment  
Driving too Fast (Over the Speed Limit)  
Failure to Signal or Warn  
Failure to Yield Right of Way  
Following too Closely  
Improper Passing  
Turning From Wrong Lane  
Unsafe Backing  
Misjudging Distance  
Driving too Fast for Conditions  
Getting off Moving Vehicle  
Driving in Wrong Lane  
Improper Turn  
Leaving Vehicle Unattended  
Avoiding Another Vehicle  
Failure to Stop at Stop Sign  
Other Unsafe Act (Describe) \_\_\_\_\_

(2) Unsafe Work Practice:

Operating machinery or equipment at excess speeds  
Using short-cut methods  
Not wearing prescribed personal protective equipment  
Other (Specify) \_\_\_\_\_

(3) Improper Attitude:

Violent temper  
Inattention  
Distraction  
Willful intent to injure

ENCLOSURE (2)

Disregard of instructions, regulations or rules

Carelessness

Other (Specify) \_\_\_\_\_

(4) Lack of Knowledge or Skill:

Unawareness of safe practices

Unskilled

Unable to recognize or appreciate hazards

Failure to understand instructions

Other (Specify) \_\_\_\_\_

(5) Physiological Factors:

Fatigue

Temporary illness

Medication

Under influence of alcohol, drugs, etc.

Defective eyesight

Defective hearing

Physical condition not adapted to job

Other (Specify) \_\_\_\_\_

(6) Dress or Apparel Hazard: Enter this hazard only when personal apparel clothing, jewelry, etc.) constitutes the primary cause of mishap.  
Specify: \_\_\_\_\_

b. Supervisory Factors

Inadequate training

Inadequate procedures or instructions

Failure to provide adequate material or equipment

Inadequate supervision

Failure to prescribe adequate personal protective equipment

No inspection for hazards

Inadequate help for heavy lifting

Inadequate planning of an operation

Other (Specify) \_\_\_\_\_

ENCLOSURE (2)

MCBCL 5102/2

c. Material/Equipment Factors

Unguarded or inadequately guarded equipment

Defective equipment

Material failure

Equipment malfunction

Inadequate preventive maintenance

Poorly designed equipment

Other (Specify) \_\_\_\_\_

d. Facilities Factors

Improper lighting (Specify equipment or location) \_\_\_\_\_

Improper ventilation (Specify location) \_\_\_\_\_

Slippery working surface

Slippery walking surface

Excessive noise

Uneven walking surface

Inadequate aisle space

Insufficient or congested work space

Excessive fumes

Dust

Exposure to elements

Other (Specify) \_\_\_\_\_

11. CORRECTIVE ACTION, RECOMMENDATIONS, LESSONS LEARNED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Title \_\_\_\_\_

ENCLOSURE (2)