

**SAFETY AND OCCUPATIONAL HEALTH OFFICE  
SERIOUS ACCIDENT NOTIFICATION**

<b>To:</b> <input type="checkbox"/> CHIEF OF ENGINEERS <input type="checkbox"/> DEPUTY CHIEF OF ENGINEERS <input type="checkbox"/> CHIEF OF STAFF <input type="checkbox"/> DIRECTOR OF MILITARY PROGRAMS <input type="checkbox"/> DIRECTOR OF CIVIL WORKS <input type="checkbox"/> ASA (CW)	<b>CESO ACTION OFFICER AND PHONE NO.</b>  NAME _____  PHONE _____
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<b>1. TYPE OF ACCIDENT</b>	<b>2. ACCIDENT LOCATION</b> a. DIVISION/LAB _____ b. DISTRICT _____ c. PROJECT _____ d. CONTRACT NO. _____
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<b>3. DATE OF OCCURRENCE</b>	<b>4. TIME OF OCCURRENCE</b>	<b>5. REPORTED BY</b>
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<b>6. SUMMARY</b>
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<b>7. ESTIMATED INJURY/DOLLAR LOSS</b>
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<b>8. BOARD OF INVESTIGATION</b> <input type="checkbox"/> APPOINTED <input type="checkbox"/> BEING APPOINTED <input type="checkbox"/> NOT REQUIRED
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<b>9. COPIES FURNISHED</b> <input type="checkbox"/> LOGISTICS <input type="checkbox"/> REAL ESTATE	<input type="checkbox"/> SEC AND LAW ENFORCEMENT <input type="checkbox"/> PUBLIC AFFAIRS	<input type="checkbox"/> CHIEF OF COUNSEL <input type="checkbox"/> OTHER
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