

SAFETY AND OCCUPATIONAL HEALTH OFFICE SERIOUS ACCIDENT NOTIFICATION

The proponent agency is CESO

TO <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)	CESO ACTION OFFICER AND PHONE NUMBER NAME _____ PHONE _____
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1. TYPE OF ACCIDENT	2. ACCIDENT LOCATION a. DIVISION/LAB _____ b. DISTRICT _____ c. PROJECT _____ d. CONTRACT NUMBER _____
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3. DATE OF OCCURRENCE (YYYYMMDD)	4. TIME OF OCCURRENCE (0001-2400 hrs.)	5. REPORTED BY
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6. SUMMARY

7. ESTIMATED INJURY/DOLLAR LOSS

8. BOARD OF INVESTIGATION

APPOINTED BEING APPOINTED NOT REQUIRED

9. COPIES FURNISHED

LOGISTICS SECURITY AND LAW ENFORCEMENT CHIEF OF COUNSEL
 REAL ESTATE PUBLIC AFFAIRS OTHER (*Specify*) _____