

REPORT OF MISHAP INSTRUCTIONS

For mishaps causing injury or illness to more than one individual, complete and attach a DS-1663
(with only sections 1-17 completed) for each additional individual

1. **Agency** - Agency of injured individual or agency reporting damaged property.
2. **Post/City, ST** - Provide post name for overseas mishaps, US City and State for domestic mishaps.
3. **Organizational Symbol** - For domestic mishaps only, provide office symbol of injured individual or office reporting damaged property.
4. **Name of Individual** - Self Explanatory.
5. **Gender** - Self Explanatory.
6. **Date of Birth** - Enter date of injured individual's birth as mm-dd-yyyy.
7. **Category and Job/Activity** - For employees, check one personnel category and provide the injured employee's job title or a brief job description. (*FS - Foreign Service, GS - General Service, FSN - Foreign Service National, EFM - Eligible Family Member, PSC - Personal Services Contractor, CON - Contractor. For Other - enter brief description (e.g., family member, local national).*)
8. **Date of Mishap** - Enter the date of mishap as mm-dd-yyyy. For illnesses (e.g., cumulative trauma), enter the date of diagnosis or onset of disability, whichever is earlier.
9. **Time of Mishap** - Enter time as hh:mm. Check a.m. or p.m.
10. **Type of Mishap** - Check one or more types that apply to this mishap. For "Environmental Contamination," see NOTE.
11. **Severity of Injury or Illness** - Check all that apply. For "Fatal", "Permanent Disability", see NOTE. For "Lost time/Restricted Duty, enter the number of days in block 17. "Medical Attention Other than First Aid" are mishaps that do NOT result in lost time from work, but where medical treatment is administered by a physician or registered professional personnel under the orders of a physician. First Aid treatment (*i.e., one-time treatment of minor scratches, cuts, burns, splinters and so forth*) which do not ordinarily require medical care, even if administered by a physician or registered professional, is not reported to SHEM or DESD.
12. **Fatality** - Enter date of death if after date of mishap as mm-dd-yyyy.
13. **Medical Attention** - Inpatient hospitalization means any overnight stay in the hospital resulting from the injury/illness. For "Emergency Room" medical care, check for any instances where the patient used emergency room services.
14. **Cause of Mishap** - Identify the event that resulted in the injury or illness (*such as falling from, struck by, lifting, inhaling*) and the object or source involved (*such as ladder, tool, chemical*). For property damage or environmental contamination, provide the event and source leading to the damage/contamination.
15. **Nature of Injury or Illness** - Indicate the type of injury (*or property damage*) or illness, such as 2nd degree burn, fracture, abrasion, contusion, amputation, hearing loss, irritation, cancer, liver disease, contamination, etc.
16. **Body Part(s) Injured** - Indicate the body parts(s) injured, such as lower arm, ankle, ribs, neck, head, eye, hearing, liver, respiratory tract, etc. (*Leave blank for property damage mishaps*).
17. **WORK-RELATED EMPLOYEE INJURIES ONLY**
 - a. **Estimated Lost Time Away from Work** - The number of days (*consecutive or not*) after, but not including, the day of injury or illness onset, where the employee would have worked but could not because of the injury or illness.
 - b. **Estimated Days Restricted Duty** - The number of days when the employee could not perform any or all of his or her normal assignment during all or any part of the workday or shift, because of the injury or illness.
 - c. **Name of treating physician/health care provider** - Self Explanatory
 - d. **Treatment facility name & address (if off-site)** - Self Explanatory
 - e. **Employee's Date of Hire** - Enter the date as mm-dd-yyyy.
 - f. **Employee's Shift Start Time** - Enter as hh:mm.
18. **Location of Mishap** - Check all the appropriate boxes that apply for property type, then briefly describe the specific location on the property (*e.g., warehouse, swimming pool, cafeteria, office area, bedroom*).
19. **Amount of Property Damage** - Self Explanatory. Mishaps resulting in damage under \$1,000 are not reported on a DS-1663. Leave blank for injury/illness mishaps.
20. **Property Status** - Check if property is government owned.
21. **Detailed Description of Mishap** - Describe in as much detail as possible, the who, what, where, when, why and how of the mishap. Include relevant remarks about weather, equipment or tools involved, unsafe conditions, acts and personal factors and whether other persons may have contributed to the accident. For environmental mishaps, describe the failures (*equipment or personnel*) that led to the release of chemicals or pollutants.
22. **What Corrective Action Has Been Implemented** - Describe the abatement action taken to ensure prevention or avoidance of future mishaps and when this action has been or will be implemented.
23. **Signatures** - The POSHO must review and sign off on the DS-1663.

Filing Instructions

Overseas	Domestic
SHEM Director (OBO/OM/SHEM) P.O. Box 611 Washington, DC 20522-6011 or by Fax to 703-516-1787	Director, DESD (A/OPR/FMS/DESD) 2201 C Street, NW Washington, DC 20522-6011 or by Fax to 202-647-1873

Workers Compensation Claim Filing - Do **NOT** send CA-1 or CA-2 forms to OBO/OM/SHEM. Fax all CA-1 and CA-2 forms to HR/ER/EP at 202-261-8186

NOTE: The following categories of mishaps must be reported within 12 hours as per 15 FAM 963:

- * Injury or occupational illness resulting in a fatality, permanent total disability or inpatient hospitalization;
- * Property damage of \$50,000 or more;
- * Operations curtailed or shut down for more than 8 hours;
- * Injuries or occupational illnesses (*with lost workdays*), involving three or more employees;
- * Any environmental contamination.

PRIVACY ACT STATEMENT

AUTHORITY: The Occupational Safety and Health Act of 1970 (29 U.S.C. 657, 673); Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (441 FR 25059), or 9-83 (48 FT 35736) and Code of Federal Regulations, Occupational Safety and Health Administration, Labor (29 1904, 1-22).

The DS-1663, Report of Mishap (15 FAM 963) is required whenever a mishap occurs on Department owned or leased property or during the conduct of U.S. Government business. Reporting is required when mishaps result in personal injury (excluding a minor injury requiring only first aid treatment), property damage in excess of \$1,000 or any environmental contamination.

PURPOSE: The principal purpose of the Report of Mishap is to inform safety and health officials of all serious occupational injuries, illnesses, and environmental contamination incidents. Sufficient details must be provided to help prevent future occurrences. It is also used to insure that supervisors are aware of their safety/health responsibilities.

ROUTINE USES: These reports are used to provide statistical information to the Department of Labor in the Department's Safety and Occupational Health Annual Report. This report is designed to document and measure the progress of the safety program. Mishap reports are reviewed during program assessments and to focus training/assistance efforts on the information contained therein.



U.S. Department of State
REPORT OF MISHAP

1. Agency	2. Post/City, Street	3. Organizational Symbol
4. Name of Individual (<i>Last, First, MI.</i>)		
5. Gender (<i>Check one</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth (<i>mm-dd-yyyy</i>)	
7. Category (<i>Check one</i>) <input type="checkbox"/> FS <input type="checkbox"/> GS <input type="checkbox"/> FSN <input type="checkbox"/> EFM <input type="checkbox"/> PSC <input type="checkbox"/> CON <input type="checkbox"/> Other _____ Job/Activity _____		
8. Date of Mishap (<i>mm-dd-yyyy</i>)	9. Time of Mishap (<i>hh:mm</i>) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
10. Type of Mishap (<i>Check all that apply</i>) <input type="checkbox"/> Illness/Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental Contamination		
11. Severity of Injury or Illness (<i>Check all that apply</i>) <input type="checkbox"/> Fatal <input type="checkbox"/> Permanent Disability <input type="checkbox"/> Lost Time/Restricted Duty <input type="checkbox"/> Medical Attention (<i>Other than First Aid</i>)		
12. Fatal - Date of Death (<i>if after date of mishap - mm-dd-yyyy</i>)		
13. Medical Attention <input type="checkbox"/> Inpatient Hospitalization <input type="checkbox"/> Emergency Room		
14. Cause of Mishap		
15. Nature of Injury or Illness		
16. Body Part(s) Injured		
17. WORK-RELATED EMPLOYEE INJURIES <u>ONLY</u> : a. Days Lost time from Work _____ b. Days Restricted Duty _____ <input type="checkbox"/> TDY c. Name of treating physician/health care provider. _____ d. Treatment facility name and address (<i>if off-site</i>) _____ _____ _____ e. Employee's date of hire (<i>mm-dd-yyyy</i>) _____ f. Employee's Shift Start Time (<i>hh:mm</i>) _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

18. Location of Mishap (<i>Check all that apply</i>) a. Type: <input type="checkbox"/> USG Facility <input type="checkbox"/> USG Residence <input type="checkbox"/> Other _____ b. Ownership: <input type="checkbox"/> Owned/Long Term Lease <input type="checkbox"/> Short Term Lease Specific Location _____	
19. Estimated Amount of Property Damage (<i>if over \$1,000</i>)	20. Property Status <input type="checkbox"/> USG owned
21. Detailed Description of Mishap/Property Damage (<i>please attach Form DS-1664 if Motor Vehicle</i>)	
22. What Corrective Action has been Implemented?	
23. Signatures _____ Name and Title of Supervisor (<i>Print/Type</i>) _____ Signature _____ Date (<i>mm-dd-yyyy</i>) _____ _____ Name and Title of POSHO - overseas only - (<i>Print/Type</i>) _____ Signature _____ Date (<i>mm-dd-yyyy</i>) _____	