

Ground Accident Information Worksheet

- **Employee Name:** _____
- **Job Title:** _____
- **Assigned to:** _____
(Directorate/Division)
- **Supervisor:** _____ Phone: _____
- **Accident Data:** _____
(Date/Time)
- **Accident Data:** _____
(Location)
- **Short description of work-related accident, type of injury, property damage, or illness**

- **Type of Personal Protective Equipment (PPE) used?**

- **Supervisors must report all accidents immediately to the Safety Office, DSN: 485-1670. Use this form to capture pertinent information related to the accident and forward it to the Safety Office. This form is available on the Baumholder Homepage www.Baumholder.army.mil and may be downloaded under "Safety". Hard copies may be obtained from the Safety Office or your respective Safety Representative.**

USAG BaUmholder Safety Office, Gebäude 8680, Zimmer 201,202 DSN: 485-1670

**email:
Baumholder.SafetyOffice@EUR.ARMY.MIL**