INCIDENT MISHAP REPORTING RECORD (ICS 237-CG rev 07/13)　1. Incident: _____

2. Date/Time: _____ 3.Location: _____ 4. CG Unit: _____

5. OPFAC: _____ 6. Name of Injured: _____ 7.Age:____ 8. M / F　9.Rank/Rate/Grade:_____
(If known)　　　　　　　　　(If Applicable – Print Last, First, MI)　　　　　　(If Applicable)　(circle)　　　　　　(If Applicable)

10. Narrative of Mishap: _____
_____
_____

11. Part(s) of Body Injured (if applicable):	□ Abdomen □ Chest □ Back □ Lungs □ Int. Organs □ Head

□ Neck □ Eyes □ Ear □ Hip/Pelvis □ Leg □ Knee □ Ankle □ Foot □ Toes □ Shoulder □ Arm
□ Elbow □ Hand □ Wrist □ Finger □ Other _____

Nature of Injury: | Days Hospitalized: _____ Lost Work Days (NFFD/SIQ): _____ Days Restricted (FFLD): _____

□ Abrasion □ Concussion □ Paralysis □ Bruise □ Cut □ Puncture □ Sprain
□ Absorption □ Ingestion □ Burn □ Amputation □ Dislocation □ Fracture □ Inhalation
□ Gunshot Wound □ Electrical Shock □ Loss of Consciousness □ Occupational Illness

Personal Protective Equipment (PPE): Circle R = PPE Required and/or U = PPE Utilized

R / U - Hearing　　R / U - Seat Belt　R / U - Head　　　R / U - PFD　　　R / U - Hand　　　R / U - Eye
R / U - Foot　　　R / U - Respirator　R / U - Fall/Harness　R / U - Other: _____

12. Damaged Property/Estimated Cost | □ CG Property □ Non-CG Property | Op Days Lost: _____ | Cost Est $_____

□ Aircraft　□ Aton　□ Boats　□ Buildings　□ Cutter　□ Equipment　□ Piers　□ Vehicles

List Damaged Property: _____

13. Signature: _____ 14. Name: _____ 15. Rank/Rate/Grade: _____
(Person completing form)　　　　　　　　　　(Person completing form – Print)

16. ICS Position: _____ 17. Email: _____ 18. Report #: _____
(Person completing form – Print)　　　　　　(Person completing form – Print)

Original - Safety Officer　　　　　　Copy 1 - HSWL Service Center (se)　　　　Copy 2 - Retained by member

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INCIDENT MISHAP REPORTING RECORD (ICS 237-CG Rev 7/13)

Purpose. This record is designed to record incident MISHAPs. This is used only when directed by the incident Safety Officer. This is a Coast Guard specific form to comply with COMDTINST M5100.47 during incident response. This is not a replacement for the MISHAP system used by parent commands.

Preparation. The "*Incident MISHAP Reporting Record"* is initiated when documenting any of the following: injury, illness, property damage, or high potential (HIPO) accident occurrence. Use additional records for multiple members injured or suffering illness from one occurrence. Information contained in this form is considered For Official Use Only (FOUO).

Distribution. The Person filling out the record submits this form as MISHAPS occur (as required). The original and first copy goes to the incident Safety Officer, the second copy is kept by the person completing the record (member). The incident Safety Officer or assistant (CG member) will enter appropriate information in CG e-MISHAP reporting system and send the first copy to Health Safety Work-Life Service Center, Safety & Environmental Health (HSWL SC-SE).

Item #	Item Title	Instructions
1.	Incident	Enter the name assigned to the incident.
2.	Date/Time	Enter the date and time of the MISHAP
3.	Location	Enter location on the incident MISHAP occurred (e.g. ICP, DIV A, LAT/LONG, etc.)
4.	Local CG Command	Enter the CG command/unit where the injured person or damaged property assigned/working.
5.	OPFAC	Enter the OPFAC of the local command (if known).
6.	Name of Injured	Enter last name (PRINT), first name and middle initial of injured person (if applicable)
7.	Age	Enter age of injured person (if applicable).
8.	M/F	Circle appropriate sex of injured person (if applicable)
9.	Rank/Rate/Grade	Enter Rank/Rate (military), Grade (CG civ) or Auxiliarist of injured person (if applicable).
10.	Narrative of MISHAP	Describe circumstances surrounding the injury/illness or property damage and describe operations being conducted.
11.	Body part injured /Nature of injury	If applicable/known: Check box and/or describe the part(s) of body injured or illness suffered; Check box and/or describe nature of injury or illness; Enter days hospitalized, lost work days, and/or days restricted duty; Circle and/or describe the Personal Protective Equipment (PPE) Required (R) and/or utilized (U) at time of MISHAP.
12.	List of Damaged Property/Est Cost	If applicable/known: Check Box for CG property or non-CG property; Enter Operational Days Lost; estimated cost; Check box for kind of property and/or describe damage to property.
13.	Signature	Signature of person completing the record.
14.	Name	Name of person completing form.
15.	Rank/Rate/Grade	Enter Rank/Rate (military)/Grade (CG civ) or Auxiliarist of person completing the record.
16.	ICS Position	Enter ICS Position held by the person completing the record.
17.	Email	Email of person completing the record.
18.	Report Number	Locally generated number to assist in tracking MISHAP reports.

Privacy Act Notice

Authority: 5 U.S.C. 301, 29 CFR, and COMDTINST M5100.47 authorizes the collection of this information.

Purpose: The Coast Guard will use this information to conduct an assessment of the safety and environmental health risk management process for the incident and unit.

Routine Uses: The information will be used by and disclosed to Coast Guard personnel and contractors or other agents who need the information to assist in activities related to safety and environmental health for the incident and unit.

Disclosure: Furnishing this information is mandatory for Coast Guard Active, Reserve, Auxiliary and Civilian personnel as well as Coast Guard contracted personnel and is voluntary for all others; however, failure to furnish the requested information may increase safety and environmental health risks.