

MCCS SC Near Miss / Mishap **Reporting Procedures**





Military & Family Dining & Lodging Recreation & Fitness Shopping & Services Resources & Info. Eastern Recruiting Region

SOUTH CAROLINA

Contact Us

MCCS Safety Office

Bldg. 564 . Drayton St. MCAS Beaufort, SC 29904 Safety & Environment Officer P: 2 843-228-6717 E: Click Here

MCAS Beaufort Base Safety P: 2 843-228-7804

MCRD Parris Island Base Safety P: 3843-228-3213

MCAS Beaufort NREAO

Hazardous Material Emergency P: 2 843-228-7347

MCRD Parris Island NREAO

Hazardous Material Emergency P: 3843-228-4963/3102

MCRD Parris Island HMRC Hazardous Material Reuse Center

P: 3843-228-4957

Report all Mishaps/Near-Misses: E: Click Here

Obtain a Near Miss / Mishap Form found on the MCCS SC on website.

Emergency Contact Information MCCS Disclaimer MCCS Events Calendar MCCS Human Resources (HR) & Job Opportunities MCCS Website Search Privacy Policy & Security Notice Safety Information South Carolina Hurricane Information Sponsorship Useful Links Volunteer Opportunities Resources Safety and Loss Prevention Requests Procedures NEW est Form NEW Garety and Loss Preven Near Miss/Mishap Reporting Form. MICCS-SC Salety and Lost Prevention Monthly Checklist MCCS-SC Facility Fire Warden Monthly Checklist Enterprise Safety Applications Management System (ESAMS) MCAS Beaufort Safety Office MCAS Beaufort Environmental Policy Statement Marine Corps Safety Office Occupational Safety & Health Administration (OSHA) Step Ladder Safety Lockout/Tagout

- Emergency Action Plan (EAP)
- Robbery Procedures

Orders & Resources

Orders & References

- · 29CFR 1910
- NAVMCDIR 5100.8
- OPNAVINST 5100 23G
- NFPA 101
- MCO 4450.12
- MCO 5100.29
- MCO P11000.00
- NAVMC DIR 5100.8
- ASO P5100.24
- CO MCAS Beaufort Policy letter 01-10
- MCCS-SC Policy Letter 2-20

Marine Corps Safety References, for CDC, Youth Center and Playgrounds

- MCNAV 5100.8
- MCO 5100.29A
- DepO 5100.16F
- ASTM Standards F1487-05
- · CPSC Handbook for Public Playground Safety
- 29 CFR 1910
- 16 CFR 1303



MCCS SC Near Miss / Mishap **Form Procedures**



NON DOD Property?

Model:

Date:

Date: Date: Date:

Is video documentation

required? Yes No

Complete front and back of portions of the **MCCS SC Near Miss** / Mishap form.

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		CUI					Was PPE requi	red?	Was PPE us	ed?	
	MC	CODDS 6	S				Did customer r	efuse medical treat	ment? Was First Ai	d provided? (Band-Aid)	CPR/AED?
	MARINE	URPS s	ERVICES			2	Describe Incide	nt in Detail: (Who, V	What, Where, Why, Ho	w)	
NEAR MI TION A: <u>PERSONAL DATA</u>	SS/MISHAP REPORTIN	NG FORM	– MCCS SOUTH	I CAROL	INA	N ear Miss Mishap Injury Mishap Death					
ame (Last, First MI)			Affiliation	Sex		DOB					
ailing Address	City		State		Zip Code						
one Number A	lternative	Emai	Address (Option	nal)							
		_					Brief descriptio	in of injured person	(This will only be used f	or video identification pur	poses)
tivity		Full Time	Part Time	Pate	Title		SECTION E: Pro	perty Damage			
te of Employment (mm/dd/y	y)		Days	s Normal	ly Worked		What Equipm	ent was involved?	Equipment Details	DOD Property Damage?	NON DOD Pr
ork Shift: Time in:	Time Out:		Mon Tue W	/ed Th	u Fri S	at Sun	Property Deta	ails:		Motor Vehicle involved?	6
TION C: WITNESS INFORMAT	TION						Vehicle 1 inf	ormation:		Vehicle 2 information:	
ervisor Name (Last, First MI)			Rank		DOB		Year:	Make:	Model:	Year: Make	: Model
ailing Address		City	Sta	te	Zip Co	de	SECTION F:				
one Number Alt	ternative Number		Email Add	lress (Op	tional)		Print Name (Su	pervisor):	Signature		
itness Name (Last First			Affiliation Sex		DOB		Print Name (En	nplovee/Customer):	Signature		
)											
ailing Address	City		State		Zip Code		Print Name (W	itness 1):	Signature		
one Number Alt	ernative Number		Email Address (O	ptional)			Print Name (W	itness 2).	Signature		
TION D: INCIDENT DATA									Signature		
e of Incident (mm/dd/yy)	Facility who	ere Inciden	t Occurred:			0			For C	official Use Only	
e of Incident Exact	Approx. Specific Loc	ation Whe	ere incident occur	rred: (Ais	ile 9 on ba	ck side)	File/Case #:		Is follow-up required Yes No	Follow up assigned to:	ls vid docu requi
e of Mishap: mical(s) involved?	Alleged inju Chemical(s	irv: Informati	on or comments:	Body P	'art: 🗆	R 🗆L N/A	Additional note	25:		Controlled By: DEPARTMEN Controlled By: MCCS SC Rev CUI Category: PRVCY Distribution/Dissemination / POC: (843) 228-7970 or 6717	T OF THE NAVY low and Analysis Divisio Control: DL ONLY
								SUBMIT CO	OMPLETED REPOR	T USING "MCCS-SC H	HELP CENTER

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Select the MCCS SC Help Desk Button to begin reporting process







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			🔶 Review & Analysis - Jira Service Management	– 0 ×
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		*MCCS Help Center**	"MCCS Help Center" / Review & Analysis Image: Section of the end of	Requests
C	Select the "Re	nort 🧹		
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2	a Safety Issue'	· •		
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r	enorting proc	ess		
t	for a Near Miss	s or		
M	Aishap.			
-				

SOUTH





Complete all sections of the MCCS Help Center report.





Location of Incident*

MCX Parris Island

Wext ams island

Name of location, include detail (ball field, parking lot, etc.)

Bldg #*

409

Building Number

Individuals involved *

Store Clerk

Provide detailed physical discription, names if known, and details (employee, patron, service member, etc.)

Location*

Bldg 0409/0406 - MCX Main Store

Select the building where the safety issue is located

Summary*

Store clerk fell on wet from and hurt their back. They requested EMS and were transport to the ER for further evaluation. Store manager and HR notified of event. See attached MCCS SC Mishap form attached to this report.

0 v

Brief summary of incident

Description*

Slip Fall back injury

Provide as much detail including who, what, where, and when

Attach a photo of the Safety Issue.

Drag and drop files, paste screenshots, or browse

Browse



Attach completed Mishap form to the **MCCS Help Center** report.

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Complete process by selecting the send button to complete the **MCCS Help Center** report.

👉 Report a Safety Issue - Review & Analysis - Jira Service Management		-	-
lassian.net/servicedesk/customer/portal/4/group/21/create/32		5₀ 5≞ 6	Ð
	11		
Provide detailed physical discription, names if known, and details (employee, patron, service member, et	c.)		
Location *			
Bldg 1219 - Outdoor Recreation	∞ ∽		
Select the building where the safety issue is located			
Summary*			
While at the RV Park MCCS SC Employee tripped over the garden hose and fell o shoulder. They felt immediate pain and swelling in the left shoulder. An ice bag we the shoulder and the employee went to Doc In Box in Beaufort. Information was Division Manager/Director and Clare Drago in Human Resources. For more in ple attached Mishap Report to this Help Center Ticket.	nto my right vas applied to provide to vase see the		
Brief summary of incident	~		
Description *			
MCCS SC Employee, Injured Right Shoulder, 1500, 05 May 2021 at the PI Outdoo	or Resort Park		
Provide as much detail including who, what, where, and when			
o of the Safety Issue.			
Drag and drop files, paste screenshots, or browse			
Browse			
R&A Assigned Personnel			
Michael Earwood	© ~		
R&A USE ONLY			
Share with *			
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