

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

INCIDENT MISHAP REPORTING RECORD (ICS 237-CG)

PRIVACY ACT STATEMENT

AUTHORITY: USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

PURPOSE: USCG collects the information to record accidents, injuries, or other events that may affect responders or equipment during a response.

ROUTINE USES: USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any **additional personally identifiable information (PII)** in their free-form responses.

GENERAL INSTRUCTIONS

Purpose. The Incident MISHAP Reporting Record (ICS 237-CG) is designed to record accidents, injuries, or other events that may affect responders or equipment during a response. This form is used only when directed by the incident Safety Officer. This form complies with COMDTINST M5100.47 during incident response but is not a replacement for the MISHAP system used by USCG commands.

Preparation. The ICS 237-CG 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 ICS 237-CG form 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). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Mishap Type	Enter a short description of the mishap. (<i>Example: injuries, illness, death, property loss or damage, fire, fuel/oil leak, electrical shock, firearm discharges, ejections, persons in water, damage or injuries to others as a result of CG action, laser strikes/exposure to air or boat crews, etc.</i>)
4.	Mishap Location	Enter the location where the mishap occurred. Include as much detail such as Street, City, State or Country if applicable, geographic location, latitude and longitude, etc.
5.	Date/Time Mishap Occurred	Enter date (month/day/year) and time (24-hour clock) the mishap occurred.
6.	Agency Reporting	Enter the name of the agency reporting the mishap.
7.	Supervisor Name	Enter the name of the supervisor reporting the mishap.
8.	Supervisor Position	Enter the ICS role/position of the supervisor reporting he mishap.
9.	Personal Information	Enter personnel information of injured person <ul style="list-style-type: none"> • Name – Enter full name (Last Name, First Name, MI) • Role/Position – Enter ICS role/position • Agency Affiliation – Enter assigned agency and/or CG Unit • Gender – Enter gender (male/female) • Age – Enter age in years • Personnel Status – Enter military/civilian status (<i>i.e. CG Active Duty, CG Reserves, CG Civilian Employee, CG Auxiliarist, DoD Active Duty, DoD Reserves or National Guard, USG Civilian Employee, Contractor, Other</i>)
10.	Details of Mishap	Enter details of the mishap. Include as much information as possible. <ul style="list-style-type: none"> • Type of injury – Select the type of injury to the person (<i>i.e. Abrasion, Absorption, Amputation, Bruise, Burn, Concussion, Cut, Dislocation, Electrical Shock, Fracture, Gunshot Wound, Ingestion, Inhalation, Loss of Consciousness, Occupation Illness/Latent Effects, Paralysis, Puncture, Sprain, Other</i>) • Injured Body Part(s) – Select the body part(s) injured (<i>i.e. Abdomen, Ankle, Arm, Back, Chest, Ear, Elbow, Eyes, Finger, Foot, Hand, Head, Hip/Pelvis, Internal Organs, Knee, Leg, Lungs, Neck, Shoulder, Wrist, Other</i>) • Hospitalization Required – Select “Yes” or “No” if mishap personnel were hospitalized. • Task being performed at time of injury – Enter keywords to briefly describe tasks personnel were doing leading up to the mishap. • Mishap Related to Operations – Select “Yes” or “No” if mishap was related to operations. • List Other Safety Measures Required – Enter any other safety measures required
11.	Summary of Mishap	Describe circumstances at the time of the injury / incident and describe operations being conducted.
12.	Type PPE Required/Used	Select the PPE which is required for the activity being performed at the time of the mishap and if personnel were using that PPE. <ul style="list-style-type: none"> • Hearing – earmuffs, ear plugs, • Foot – proper footwear (i.e., safety boots, firefighter boots) • Seat Belt – all passengers and operators using installed seat belts in a motorized vehicle • Respirator – masks, respirators, • Head – helmets and hardhats • Personal Fall Arrest System – harnesses, lanyards, belts • Hand – gloves and hand/finger protection • Eyes – safety glasses, spectacles, goggles, face shields • PFD – CG-approved floatation devices • SPME PPE – Specialized Personal Motorized Equipment required PPE • Other – Cold Weather PPE, Firefighting PPE, Coveralls, Industrial Clothing
13.	Witnesses to Mishap	Enter the name, position/title, and contact information of any witnesses to the mishap.
14.	Prepared by	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
15.	Briefed to IC/UC	Select “Yes” or “No” if the IC/UC has been notified; enter the date this was completed.
16.	Reviewed by:	Enter the name, ICS position, and signature of the Safety Officer reviewing the form. Enter date (month/day/year) and time reviewed (24-hour clock).

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

INCIDENT MISHAP REPORTING RECORD (ICS 237-CG)

Purpose. The Incident MISHAP Reporting Record (ICS 237-CG) is designed to record accidents, injuries, or other events that may affect responders or equipment during a response. This form is used only when directed by the incident Safety Officer. This form complies with COMDTINST M5100.47 during incident response but is not a replacement for the MISHAP system used by USCG commands.

Preparation. The ICS 237-CG 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 ICS 237-CG form 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). All completed original forms MUST be given to the Documentation Unit.

1. Incident Name:	2. Incident Location:
-------------------	-----------------------

3. Mishap Type:	4. Mishap Location:	5. Date/Time Mishap Occurred:
-----------------	---------------------	-------------------------------

6. Agency Reporting:	7. Supervisor Name:	8. Supervisor Contact Information:
----------------------	---------------------	------------------------------------

9. Personnel Information

a. Name of Injured:	b. Role / Position:	c. Agency Affiliation:
---------------------	---------------------	------------------------

d. Gender:	e. Age:	f. Personnel status: <small>Choose an item.</small>
------------	---------	--

10. Details of Mishap

a. Type of Injury:	b. Injured Body Part(s):	c. Hospitalization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	--------------------------	--

d. Task being performed at time of injury:	e. Mishap Related to Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. List Other Safety Measures Required:
--	--	---

11. Summary of Mishap (What, Where, How, Why, Environmental Conditions if applicable):

12. Type PPE Required/Used:

Hearing	<input type="checkbox"/> Required <input type="checkbox"/> Used	Respirator	<input type="checkbox"/> Required <input type="checkbox"/> Used	Hand	<input type="checkbox"/> Required <input type="checkbox"/> Used	SPME PPE	<input type="checkbox"/> Required <input type="checkbox"/> Used
Foot	<input type="checkbox"/> Required <input type="checkbox"/> Used	Head	<input type="checkbox"/> Required <input type="checkbox"/> Used	Eye	<input type="checkbox"/> Required <input type="checkbox"/> Used	Other	<input type="checkbox"/> Required <input type="checkbox"/> Used
Seat Belt	<input type="checkbox"/> Required <input type="checkbox"/> Used	Personal Fall Arrest System	<input type="checkbox"/> Required <input type="checkbox"/> Used	PFD	<input type="checkbox"/> Required <input type="checkbox"/> Used	Other	<input type="checkbox"/> Required <input type="checkbox"/> Used

13. Witnesses to Mishap

Name:	Position Title:	Contact Information
Name:	Position Title:	Contact Information

14. Prepared by:

Name:	Position Title:	Signature:	Date/Time:

15. Briefed to IC / UC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
--	------------

16. Reviewed by: (Safety Officer)

Name:	Position Title:	Signature:	Date/Time: