SUMMARY REPORT OF INJURIES/ILLNESSES
RCS CNET 5100-7

Command _____ Report Period _____

1. Average End Strength (on board count)[1]

   a. Appropriated Fund Civilian Employees ..... _____

   b. Non-Appropriated Fund Civilian Employees ..... _____

   c. Military (Staff) ..... _____

2. Civilian Injuries/Illnesses[2]

   a. Appropriated Fund Employees

      Lost Time Cases ..... _____
      Other Cases ..... _____

   b. Non-Appropriated Fund Employees

      Lost Time Cases ..... _____
      Other Cases ..... _____

3. Military Injuries/Illnesses

   a. On-Duty

      Lost Time Cases ..... _____
      Other Cases ..... _____

   b. Off-Duty

      Lost Time Cases ..... _____
      Other Cases ..... _____

[1] Do not include students injuries/illnesses or count students when calculating end strength.
[2] Chapter 14, OPNAVINST 5100.23D, defines lost time, no lost time and first aid cases and requires that all three types be recorded on a "Log of Navy Injuries and Occupational Illnesses". Separate logs are used to record civilian cases, military (on-duty) and military (off-duty) cases. Summary reports of injuries/illnesses shall be based on the data recorded on the applicable log. No lost time and first aid cases shall be combined and reported as "Other cases".

CNET 5100/5 (Rev. 7/97) Encl (3)

REQUEST FOR HAZARDOUS MATERIAL APPROVAL

DATE RECEIVED _____

UIC _____ ACTIVITY _____

DEPARTMENT _____ SHOP WORK/CENTER _____

BUILDING NUMBER _____ MSDS AVAILABLE _____ PROVIDED _____

ITEM NOMENCLATURE _____

STOCK NUMBER _____

MANUFACTURER (IF KNOWN) _____

UNIT OF ISSUE _____ QUANTITY ORDERED _____ EST. MONTHLY USAGE _____

ACTIVITY HMCO _____ PHONE # _____

REQUESTED MATERIAL TO BE USED FOR _____

_____

_____

_____

REVIEWED BY (SAFETY) _____

REVIEWED BY (INDUSTRIAL HYGIENE) _____

APPROVED / DISAPPROVED BY _____ DATE _____

HMC&M APPROVAL DATE _____ COMPUTER ENTRY DATE _____

COMMENTS: _____

_____

_____

_____

CNET 5100/6 (5-96)

HAZARD ASSESSMENT AND PPE SELECTION WORKSHEET

Name of Activity:_____

Workplace Evaluated:_____

Name of Evaluator:_____

Date of Evaluation:_____

Hazard Types (Impact, heat, chemical, etc)	Location/Source/Task	Analysis of Risk		PPE Required
		Level of Risk	Potential Injury	

I certify that on the above date(s), a hazard assessment of the identified workplace was conducted. This document constitutes the findings and certification of that hazard assessment and I certify the hazard assessment to be true and accurate. I understand that this document facilitates compliance to the hazard assessment requirements of OSHA 29CFR1910.132(d)2, ONLY. In addition, proper PPE selection, fitting, utilization and communication must be accomplished in accordance with other requirements of the subpart.

Activity OSH Manager signature _____ Date _____

CNET 5100/7 (7/97)