ANNUAL REPORT OF NAVY CIVILIAN OCCUPATIONAL INJURIES AND ILLNESSES

A. UIC _____
(List all UICs included on this report with ISIC first)

C. _____
(Complete mailing address of activity)

D. _____
(City, State, Zip)

B. Reporting Period ☐☐ ☐☐ ☐☐
Month Day Year
(FY Ending)

E. _____
(Immediate Superior in Command)

F. _____
(Date Prepared)

CODE	INJURY AND ILLNESS CATEGORY	TOTAL CASES (1)	DEATHS (2)	LOST TIME CASES (3)	NO LOST TIME CASES (4)	FIRST AID CASES (5)
10	Occupational Injuries					
	Occupational Illnesses					
21	Occupational skin diseases or disorders					
22	Dust diseases of the lungs (pneumoconioses)					
23	Respiratory conditions due to toxic agents					
24	Poisoning (systemic effects of toxic materials)					
25	Disorders due to physical agents (other than toxic materials)					
26	Disorders due to repeated trauma or stress					
29	All other occupational illnesses					
	TOTAL CIVILIAN OCCUPATIONAL INJURIES AND ILLNESS					
30	Total occupational illnesses (21-29)					
31	Total occupational injuries and illnesses (10 + 30)					
40	Total hours worked by personnel (This reporting period)					
50	Average number of personnel (This reporting period)					

OPNAV 5102/8 (10/94)

PERSON PREPARING REPORT _____ LOCAL PHONE _____

CLEAR