

**REPORT OF GSA PROPERTY DAMAGE OR
NON-GSA EMPLOYEE PERSONAL INJURY**

REPORT CONTROL NUMBER

1. REGION

2. DATE OF ACCIDENT

This form is not to be used for reporting GSA motor vehicle accidents or GSA employee occupational injuries/illnesses. Use Standard Form 91 or 91A or CA-1 or CA-2 respectively. See reverse for complete instructions.

3. ACCIDENT REPORT NUMBER

4. PERSON'S NAME AND HOME ADDRESS

5. REASON FOR REPORT

6. PERSON'S TELEPHONE NUMBER

7. TIME OF ACCIDENT

AM

PM

8. EXACT LOCATION OF ACCIDENT

9. NAME AND ADDRESS OF GSA FACILITY

10. MEDICAL EXPECTATION

11. DESCRIBE EQUIPMENT INVOLVED

12. OWNER OF EQUIPMENT/VEHICLE INVOLVED

A. NAME

B. ADDRESS

C. TELEPHONE NUMBER

13. DETAILED DESCRIPTION OF ACCIDENT

14. CORRECTIVE ACTION

A. DESCRIPTION

B. RESPONSIBLE PERSON

C. ACTION DATE

15. NAME AND TITLE OF SUPERVISOR

SIGNATURE OF SUPERVISOR

17. TELEPHONE NUMBER

18. DATE

19. COMMENTS

A. REVIEWING OFFICIAL

B. S&EM CLEARANCE OFFICIAL

20. NAME AND TITLE OF REVIEWING OFFICIAL

21. SIGNATURE OF REVIEWING OFFICIAL

22. DATE

23. NAME AND TITLE OF S&EM CLEARANCE OFFICIAL

24. SIGNATURE OF CLEARANCE OFFICIAL

25. DATE

INSTRUCTIONS FOR COMPLETING GSA FORM 3620
(Print or type all entries except where signatures are required)

<u>Item No.</u>	<u>Instructions</u>
1	List region reporting the accident.
2	Show date of the accident.
3	Leave blank. The Regional S&EM Office enters the report number.
4	Identify the person most responsible or involved in the accident. If more than one, use separate blank paper.
5	State precisely why this report is being completed (e.g.; Non-Federal personal injury, Federal property damage, Non-Federal property damage).
6	Give the telephone number of the person most responsible or involved in the accident. If more than one person, make sure this number is included with Item 4.
7 --8	Self-explanatory.
9	Identify the name and address of the GSA facility involved in the accident.
10	If a personal injury is involved, what is the exact nature of the injury and what is the actual or expected result (e.g. death, amputation of the left leg, fractured right arm, strained back). Note if hospitalized and where.
11 --13	Self-explanatory. Use additional paper if necessary.
14A	Specifically, what needs doing or what was done to correct the cause of the accident.
14B	Identify individual responsible for corrective action.
14C	State when corrective action was or will be complete.
15 --18	The person preparing the report is the supervisor in charge of the area or equipment involved.
19A	The reviewing official should use this space for comments.
19B	The S&EM Branch should use this space for comments.
20 --22	The reviewing official is the facility manager or equivalent.
23 --25	The Regional Safety and Environmental Management Branch Chief is considered the clearance official.