

DO NOT ENTER PERSONALLY IDENTIFIABLE INFORMATION (PII) ON THIS FORM

Naval Safety Command
Data Request Form (Non-Aviation)
Phone: (757) 444-3520 ext. 7851 (DSN 564)
Email: NAVSAFECEN_REQ_FOR_INFO@NAVY.MIL

Date of Request:

Requester Information

Name:
Organization:
Email Address:
Phone Number:
DSN Phone Number:

Mishap Information:

US Navy US Marine Corps
On-Duty Off-Duty
Class: (Select all that apply)
A B C D E Incident Hazard

Query Period for Data Retrieval
(Default is current FY plus 3 previous FYs)

Type of Request

One-Time Request Recurring Request

Specific Detail of Request:

(Please provide a detailed description of the data being requested, including dates. If the request is for specific organizations, please provide a list of UICs.)

Retrieval Timeline:

Urgent (24-48 hours)
Priority (48 hours - 1 week)
Routine (within 2 weeks)

(Please provide additional detail to support timeline requested.)

Information Purpose:

Mishap Investigation
Hazard Report
Sqdn/Unit Training (incl Safety Standdown)
R & D
Other: (Please explain below)