

(Staff Contacted fills this section out)

Name: _____ District ID# _____ Today's Date: _____

Did this incident require first aid: _____ If yes, did injury paperwork get filled out: _____

Were pictures taken, if yes did they get attached to paperwork? _____

Was a police report made? **Yes** **No** If yes, case number: _____

Do you believe that the district member was operating in scope of their training? _____

Estimated cost to fix the district piece of equipment? _____ Did employee require drug test? _____

Do you believe incident was: **Avoidable** **Un-Avoidable**

What do you believe the cause of the accident was? _____

Recommendations to prevent further accidents: _____

Employee Signature: _____ Date: _____

Safety Committee Report

Findings: _____

Date: _____

Recommended corrective action: _____

Chief Officer Comments

180: _____ 181: _____ 182: _____ 183: _____ 187: _____

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____