



Yakima County Fire District # 5 Incident Form

(Employee complete front – Staff contacted fill out back)

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

Date of Incident: _____

Incident location: _____ Time of incident: _____

What piece of district property was involved: (vehicle, equipment) _____

Was there any witness's? _____ If yes, who: _____

If an incident or damaged equipment, were pictures taken? _____ If yes, were they attached? _____

Describe weather conditions at time of incident if applicable: _____

Did you notify a district staff member? _____ If yes, who? _____

Was the duty mechanic notified? _____ Is unit out of service? _____

Did this occur on a: **Emergency call** **Returning from a call** **Training**

Did this occur: **On flat ground** **Off Road**

If on an emergency call, what stage of the incident where you: **Still fighting active fire** **Mop up** **Enroute**

Describe incident or how equipment got damaged in detail (If more paper needed, please attach)

Describe conditions that might have contributed to incident or damage to equipment: _____

Have you been involved in a similar incident before, if yes please describe: _____

Do you believe that this incident or damaged equipment was: **Avoidable** **Un-Avoidable**

Recommendations to prevent similar incidents or damage to equipment: _____

Employee Signature: _____ Date: _____

(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? _____

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 incident of damaged equipment was? _____

Recommendations to prevent further incidents or damage to equipment: _____

Employee Signature: _____ Date: _____

Safety Committee Report

Findings: _____

Recommended corrective action: _____

Chief Officer Comments

180: _____ 181: _____ 182: _____ 183: _____ 186: _____

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