



City of Missoula Incident Report

PLEASE FILL OUT REPORT COMPLETELY AND LEGIBLY-RETURN TO SUPERVISOR

Damage to Citizen Property

Occupational Illness or Injury

City Vehicle or Equipment Damage

Other

Date of Incident: _____

Time of Incident: _____

Date Reported: _____

Exact Location of Incident (address/intersection/area/draw scene below if needed): _____

Name & Position of Employee Reporting the Incident: _____

All Equipment Involved--Type & Unit Number: _____

Describe the incident in detail & give sequence of events, actions of staff, supporting information and follow up:

Were photos taken? Where can they be found? _____

Were injuries sustained? Was care given or refused? _____

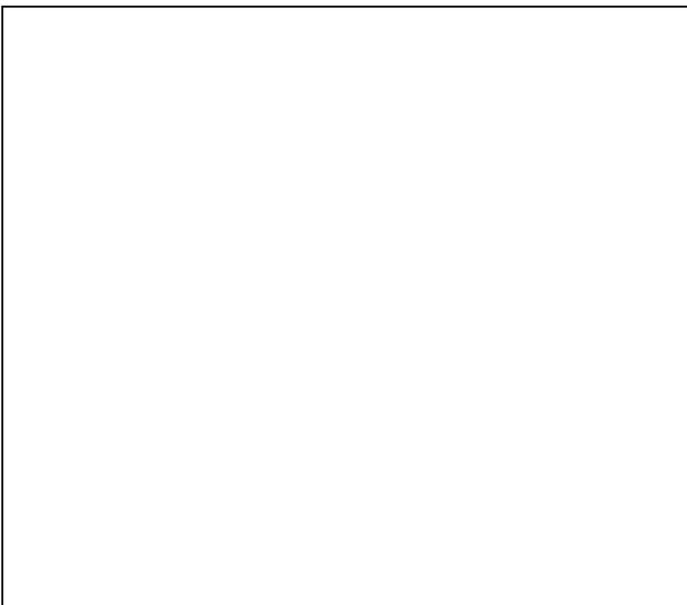
LIST NAMES OF ALL PEOPLE PRESENT DURING OR AFTER THE INCIDENT:

NAME	ADDRESS (IF CITIZEN)	PHONE # (IF CITIZEN)
_____	_____	_____
_____	_____	_____
_____	_____	_____

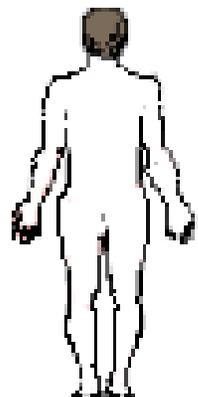
Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

DRAW SCENE/SITE BELOW:



CIRCLE BODILY INJURY BELOW:



Based on the investigation of this incident, check the boxes for all that apply below:

UNSAFE ACT

- FAILURE TO FOLLOW RULES
- IMPROPER PROCEDURE
- HASTE
- FAILURE TO OBTAIN HELP
- IMPROPER USE OF TOOLS/EQUIP.
- INATTENTION OR DISTRACTION
- FAILURE TO USE PPE

UNSAFE CONDITION

- UNSAFE LAYOUT
- UNSAFE EQUIP./FACILITIES
- INSUFFICIENT EMPLOYEE TRNG.
- ACTION OF ANOTHER PERSON
- PERSONAL PHYSICAL CONDITION
- UNEXPECTED WEATHER
- OTHER (EXPLAIN)

Comments and Corrective Action implemented to prevent similar incidents (Include Dates):

SUPERVISOR SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE