

DAWSON COUNTY
Property Damage Report

Instructions

1. Report to be completed by employee immediately following any damage to County property.
2. Employee must complete Part I and Supervisor must complete Part II (Supervisor: Make 2 copies: original for commissioners, 1 copy for safety committee and 1 copy to keep)

Part I - To Be Completed by the Employee or supervisor discovering damage

Employee Name: _____

Department: _____ Job Title: _____

Date of Incident: _____ Time: _____ a.m/p.m.

Place of Incident: Specific _____

Type of Loss: personal property damage, personal property destruction, property stolen, property lost: _____

Was this at the Employer's Premises? Yes No

If not, please specify the address: _____

Name(s) of all witness(es) if any: _____

Names of other party(s) involved, if any: _____

How did the damage occur: _____

What caused the damage: _____

Who caused the damage: _____

Any additional information: _____

What property was damaged: _____

If damaged or stolen, how? Vandalism, theft, burglary, other _____

If theft occurred, describe how area and/or equipment was secured: _____

Extent of damage: _____

Was the damage caused by a failure of machine or product: Yes No Explain: _____

If applicable, was safety equipment provided: Yes No

Who did you report incident/accident to: _____

Was safety equipment used: Yes No

How could this incident/accident have been avoided: _____

Employee Signature: _____

Date: _____

(If a vehicle was involved also complete "Vehicle Accident/Collision Report" form)

Part II - To Be Completed by the Supervisor

Employee's physical condition prior to incident/accident: Apparently normal Other

If other, please explain: _____

Did you witness the incident/accident: Yes No

Describe accident, include the machine, object or substance involved: _____

What caused the incident/accident: _____

What could be done to prevent damage: _____

Corrective action taken: _____

Supervisor Signature: _____

Date: _____

Part III - To Be Completed by Safety Director & Safety Committee Members

Summary of investigation: _____

Additional Corrective action proposed: _____

Further recommendations: _____

Complete Date: _____

Safety Director Signature: _____

Date: _____

Committee Member Signature: _____

Date: _____