

# County of Fluvanna

## Form 6.2 - ACCIDENT, INCIDENT, OR HAZARD REPORT

See Instructions on Reverse

Section A – REPORT SUMMARY			
Event Date:	Event Time:	Location:	
Event Category:	<input type="checkbox"/> Accident	<input type="checkbox"/> Incident	<input type="checkbox"/> Hazard
Person(s) Involved:	<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Non-Employee(s)	<input type="checkbox"/> None
Event Location:	<input type="checkbox"/> County Property <input type="checkbox"/> Not on County Property		
Event Type:	<input type="checkbox"/> Injury with Medical Attention	<input type="checkbox"/> First Aid Injury	<input type="checkbox"/> Near Miss
	<input type="checkbox"/> Damage to Equipment/Material	<input type="checkbox"/> Unsafe Condition/Situation	
Section B - EVENT DETAILS			
Briefly describe the event or condition:			
Describe any medical treatment sought or first aid required:			
Name the likely cause of the event. Could this happen again in the future?			
Name(s) and Phone Number(s) of all known witnesses:			
Section C – INJURED PERSON(S) DETAILS (If applicable)			
Name (Last, First MI)		Home Phone	Cell Phone
Address			
Status: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor		Department / Position <i>(if County employee/contractor/volunteer)</i>	
<input type="checkbox"/> Non-Employee <input type="checkbox"/> Volunteer			
Section D – REPORT PREPARED BY			
Employee Name	Position Title	Department	Date Prepared

<b>ACCIDENT, INCIDENT, OR HAZARD REPORT (cont.)</b>	
<b>Section E – ADDITIONAL INFORMATION</b>	
<b>Section F – SAFETY COMMITTEE</b>	
Review Comments:	
Recommended Actions:	
<b>Section G – REVIEW AND SIGNATURE</b>	
Dept Head / Agency Head Signature and Date	Comments
Safety Committee Signature and Date	Comments
County Administrator Signature and Date	Comments

### Event Reporting Requirements

**Definitions:**

- Accident: An event that results in personal injury and/or property damage.
- Incident: An event that may have caused or resulted in injury, but no obvious injury is present at the time of the report.
- Hazard: An observable situation that could result in injury, property damage, and risk exposure to the County, or to an individual, if not addressed. Examples might include: slip, trip and fall hazards, potential for chemical spills, improper storage of hazardous substances, etc.

**Instructions:**

- Complete this form for any accident, incident, or other hazard that did or could have resulted in personal injury and/or property damage when County land, equipment, and/or personnel were involved.
- Includes events on County property and approved off-county property events involving employees, contractors, visitors, and volunteers.
- The senior staff person most immediately involved is responsible for ensuring this form is completed and submitted to Human Resources within 24 hours of the event.

**Distribution:**

- Original* – Human Resources
- Copies* – Safety Committee, Dept/Agency Head, and County Administrator