

NONEMPLOYEE INCIDENT REPORT

Complete in compliance with County policies and procedures regarding such incidents. Email Risk at risk@inyocounty.us.

Inyo County Director/Deputy-Director/manager of an Inyo County property or event must complete this form in the event a member of the public sustains property damage or personal injury while on County property or while engaging in a County event/activity to document the incident and alert Risk for review. Send to Risk. Keep originals.

Name of Injured Person: _____ Their Phone #: _____

Person's Address: _____

Date & Time of Incident: _____ Location of Incident: _____

Weather: _____ Terrain: _____

What event and what was this person's role there? _____

Injury Type (check one box): Near Miss (no injury) First Aid Only Doctor/Clinic Emergency Room

Describe Incident in your own words: _____

What suggestions, if any, did the injured person have for preventing similar incidents? _____

Describe assistance provided by County Employee/s (if any): _____

Describe property damage (if any): _____

Witnesses (name, address, phone): _____

What changes could be made in equipment, materials, and/or chemicals to prevent this in future? _____

What changes could be made to the specific activity to prevent this in future? _____

Actions Taken to Prevent Recurrence (include dates and names of those responsible): _____

PRINT YOUR NAME: _____ **PHONE #:** _____

SIGN: _____ **DATE:** _____