

# Multnomah Education Service District

Code: **EC-AR(3)**  
 Adopted: 5/17/11  
 Amended:  
 Reviewed:

## Property and General Liability Incident Form

*This form is to be used when property loss, damage or theft exceeds \$1,000; or, when police or fire personnel have responded to an unscheduled event at an MESD program or property; or, when someone who is neither an employee nor a student of MESD is injured while at an MESD program or property.*

### Incident Information - Always fill in this section

<b>Report Date:</b>	<b>Incident Location:</b> <i>Facility Name</i> <i>Address</i> <i>City, State, Zip</i> <i>Room or Space ID</i>
<b>Incident Date &amp; Time:</b>	
<b>Nature of Incident:</b> <i>Check all that apply</i> <i>NOTE: if an employee is injured, fill out the IAR</i> <i>NOTE: if a student is injured, fill out the BIR</i> <input type="checkbox"/> Property Damage or Loss (MESD-owned) <input type="checkbox"/> Property Damage or Loss (3 <sup>rd</sup> -Party-owned) <input type="checkbox"/> Theft <input type="checkbox"/> Employee Injury <input type="checkbox"/> Student Injury <input type="checkbox"/> 3rd Party Injury <input type="checkbox"/> Other ( <i>please describe</i> )	<b>Describe Incident Completely:</b> ( <i>Use a 2nd page, if necessary</i> )
<b>Responders to Incident:</b> <i>Check all that apply</i> <input type="checkbox"/> Police Responded - Name of Police Dept: _____ <input type="checkbox"/> Fire Department Responded - Name of Fire Dept: _____ <input type="checkbox"/> EMT Responded - Name of EMT Agency: _____ <input type="checkbox"/> Other Emergency Agency Responded - Name of Other Agency: _____	

**3rd Party Incident Information - Fill this section out when applicable**

*A 3rd Party is someone who is not an MESD employee or student, and who may have been injured or may have suffered loss or damage to their property.*

<b>3rd Party Name, Address, Phone &amp; Email:</b>	
<b>3rd Party Driver's License or ID Information</b> <i>Include as much information from the license as possible, such as State, License Number, issue date, &amp; date of birth</i>	<b>3rd Party's Insurance Information:</b> <i>(Policy number, company, contact names &amp; numbers)</i>
<b>Describe the injury or property loss sustained by the 3rd Party (if not described above); include estimated dollar values, if known.</b>	

**Witness Information - Fill this section out when applicable**

<b>List the names, addresses, phone numbers, email addresses and other contact information for any witnesses here. If more than 2 witnesses, please use a second page.</b>	
<b>Witness 1:</b>	<b>Witness 2:</b>

**Reporter's Information - Always fill in this section**

<b>Today's Date:</b>	<b>Reporter Name:</b>
<b>Reporter's Position:</b> <i>i.e.: Ed Ass't, Smith School</i>	<b>Reporter's Contact Information:</b>
<b>Reporter's Signature:</b>	

**Analysis, Part 1 - A Supervisor should always fill in this section**

<b>MEEE Area</b> <i>Instructions to the Analyst: Identify issues and areas that ARE NOT WORKING in each of the four areas below and which contributed to this Incident / Accident / Theft / Loss</i>			
<u>Management</u>  <b>Consider:</b> Policy Enforcement Hazard Recognition Accountability Supervisor Training Corrective Action Production Priority Proper Resources Job Safety Training Hiring Practices Maintenance Adequate Staffing Safety Observations Lease Language Contract Clauses	<u>Management Systems</u>	<u>Employee Systems</u>	<u>Employee</u>  <b>Consider:</b> Procedure Training Previous Incidents Previous Injuries Mental Ability Physical Capacity Equipment Use Shortcuts PPE Worn Safety Attitude Divided Attention Personal Distraction Techniques
<u>Equipment</u>  <b>Consider:</b> Proper Tool Choice Tool Availability Maintenance Visual Warnings Guards PPE Availability Signage Resource Location	<u>Equipment Systems</u>	<u>Environment Systems</u>	<u>Environment</u>  <b>Consider:</b> Furniture Layout Room Layout Chemical Temperature Noise Radiation Weather Terrain Vibration Ergonomics Lighting Ventilation Housekeeping Biological

**Analysis, Part 2 - A supervisor should always fill in this section**

<p>Countermeasures / Best Practices: <i>How do we correct areas identified in the MEEE area on the previous page? Who will make changes? And, when will the changes be completed?</i></p>	<p>Who will implement?</p>	<p>By when?</p>	<p>Done:</p>
<p><b>Today's Date:</b></p>	<p><b>Analyst's Name:</b></p>		
<p><b>Analyst's Position:</b> <i>i.e.: Supervisor, Smith School</i></p>	<p><b>Analyst's Contact Information:</b></p>		
<p><b>Analyst's Signature:</b></p>			

**Once completed, send this form to facilities services and to contracts & risk management.**

**Review, Part 1 - To be filled out by facilities services or risk management**

<p><b>Date Received:</b></p>	<p><b>Reviewed By:</b></p>
<p><b>Summary of analysis, and additional recommendations:</b></p>	