

CITY OF FAIRBANKS

PROPERTY DAMAGE REPORT FORM

This form is to be used to report ONLY property damage and may accompany any INJURY report form or Workers Compensation if applicable.

EMPLOYEE SECTION		
Employee Name: (last, first, MI)	Position Title:	Date & Time of Incident:
Department Name:	Supervisor Incident Reported To:	Date & Time Incident Reported:
Employee Supervisor at time of Injury:	Exact Location of Incident:	Was there an injury related to this Incident: Y N
Shift:	Case/Run# (if applicable):	Was this a Motor Vehicle Accident? Y N
What city Property or Equipment was damaged:		
Employee Narrative of Incident:		
EMPLOYEE SIGNATURE:		

DIRECT SUPERVISOR SECTION
Confirm CAUSE of the Incident?
Were UNSAFE acts or conditions contributing factors to the Incident?
What specific Safeguards were used/not used?
Person with the Most Control of Object/Equipment/Substance?
What action has or will be taken to prevent Reoccurrence?
SUPERVISOR SIGNATURE:

Administration Section:

ADMINISTRATION SECTION		
Routing		
Date To	Department	Initials/Date
	Department Head	
	Public Works/ Mechanic Lead	
	Risk Management	