

FORM C Supervisor's Property Damage Report

Basic Information	Facility		Incident Date		Report Date		
	Department		Incident Time		Shift		
	Area <small>(Be Specific)</small>				↓Supervisor↓		
	Weather Conditions <small>(If Applicable)</small>						
	If Motor Vehicle Accident, did accident occur on public roadways or on private property not owned by Function? Yes <input type="checkbox"/> , No <input type="checkbox"/>						
	If Yes, record the exact location of the accident.						
	Did the accident involve injuries? Yes <input type="checkbox"/> , No <input type="checkbox"/> If Yes, Complete FORM A						
	Did the accident involve the release of chemicals? Yes <input type="checkbox"/> , No <input type="checkbox"/> If Yes, Complete FORM B						
	Involved Individuals	<input type="checkbox"/> Function Employee?		<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Other	Explain
		1					
<input type="checkbox"/> Function Employee?			<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Other	Explain	
2							
Involved Individuals	<input type="checkbox"/> Function Employee?		<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Other	Explain	
	3						
	<input type="checkbox"/> Function Employee?		<input type="checkbox"/> Injured	<input type="checkbox"/> Witness	<input type="checkbox"/> Other	Explain	
Details	Describe the details of the accident:						
Follow Up Information	Is the property in safe condition? Yes <input type="checkbox"/> , No <input type="checkbox"/>						
	If No, describe the condition of the property.						
	Have precautions been taken to prevent further damages or injuries? Yes <input type="checkbox"/> , No <input type="checkbox"/>						
	Explain:						
	Have pictures been taken of the scene of the accident Yes <input type="checkbox"/> , No <input type="checkbox"/> <small>(to include all damaged property)</small>						
Notes and other observations:							