IR#_____ Revised 4/18/19

CITY OF GREAT FALLS
EMPLOYEE'S LOSS CONTROL REPORT

This report must be forwarded to the Risk Manager with in one (1) day of occurrence of any damage/loss involving City property, a City Employee, City vehicle, a citizen, private property or private vehicle. (If the employee is unable to complete the report, the immediate supervisor must fill out the Supervisor's Loss Control Report and the employee can fill this report out later.)

Date of this report: _____

1 Name of Employee: _____ Department: _____

2 Division: _____ Date of Incident: _____ Time: _____ ☐ AM ☐ PM

Time Shift Started: _____ Overtime: ☐ YES ☐ NO

3 Location of Incident: _____

4 Describe how incident occurred (give complete details): _____

_____

_____

5 List safety equipment in use at time of accident: _____

6 Nature & Extent of Injury: _____

7 Name & Address of doctor or hospital (if applicable): _____

8 Description of events preceding accident: _____

_____

9 Task/activity engaged in at time of accident: _____

10 Equipment/materials involved in accident: _____

11 Physical surroundings of accident: _____

12 List any recommendations to prevent a future occurrence of the same type of incident: _____

_____

13 Explain any unsafe conditions that may have caused the incident: _____

_____

14 Witnesses: (1) _____ (2) _____

15 List any activities with in the last 24-48 hours that may be a contributing factor to this incident:

_____

_____

16 In the 12 hours prior to reporting to work, how many hours of sleep did you receive?_____

If Damage/Loss involves City property, City Vehicle, a citizen, private property or a private vehicle please continue:

17 Name of the other party involved: _____ Address: _____

Phone: _____ Insurance Company: _____

18 What was the condition of the other party? ☐ Apparently Normal ☐ Fatigued ☐ Intoxicated ☐ Sick

☐ Other (Explain): _____

19 Describe type of **CITY** property damage. (What was involved, material, equipment, extent of damage, etc.)

Vehicle: Make _____ Model _____ Year _____ S/N _____ Lic# _____

20 Describe type of **PRIVATE PROPERTY** damage. (What was involved, material, equipment, extent of damage, etc.)

_____

_____

Vehicle: Make _____ Model _____ Year _____ S/N _____ Lic# _____

Employee Signature _____ IR# _____

GUIDELINES FOR EMPLOYEE'S LOSS CONTROL REPORT

Following are guidelines which may be helpful to employees in completing the Employee's Loss Control Report.

Date of this report: Date this report was filled out (not the date of incident).

1 **Name of Employee:** Employee injured or involved in accident or incident.

Department: Fire, Police, Public Works, Community Development, Park & Recreation, etc.

2 **Division:** Street, Sanitation, Recreation, Parks, etc.

Date of Incident: Date the incident occurred.

Time: Time of day the incident occurred.

Time Shift started: Time you started work the day of incident.

Overtime: Did the incident occur while you were working overtime?

3 **Location of Incident:** Where did it occur – the address and/or location on the property.

4 **Describe how incident occurred:** How did the accident/injury occur? Give complete explanation/details.

5 **List safety equipment in use at time of accident:** List any safety equipment you were using at time of accident.

6 **Nature & Extent of Injury:** An explanation of the injury sustained by employee.

7 **Name & Address of doctor or hospital:** Full name of the doctor(s) who treated the injury and the addresses.

8 **Description of events preceding accident:** What was the employee doing before the accident occurred?

9 **Task/Activity engaged in at time of accident:** What was the employee and/or other party doing when the incident occurred?

10 **Equipment/materials involved in accident:** What equipment and/or materials was the employee using at the time of accident?

11 **Physical surroundings of accident:** Was it icy, rainy, dark, bright, etc.

12 **List any recommendations to prevent a future occurrence of the same type of incident:** What does the employee feel could be done to avoid this type of incident in the future?

13 **Explain any unsafe conditions that may have caused the incident:** List any conditions that you feel may have contributed to the accident.

14 **Witnesses:** Person or persons actually witnessing injury, accident, etc., as it occurred (need not be a City employee).

15 **Other activities within the last 24-48 hours:** List any other activities with the last 24-48 hours that may contribute.

16 **Hours of sleep.** List the amount of hours of sleep in the 12 hours prior to your reporting to work.

17 **Name of other party involved:** The name of the other party or property owner or vehicle driver or other city employee, if applicable.

Address: Home or business address of the other party involved.

Phone: Home or business telephone number of the other party involved.

Insurance Company: Name of the other party's insurance company handling their insurance.

18 **What was the Condition of the other party:** What was the other party's condition at the time the incident occurred?

19 **Describe type of City property damage:** Describe the damage to City property

Vehicle: If City vehicle involved, give the specifics of that vehicle.

20 **Describe type of Private Property damage:** Describe the damage to the private property.

Vehicle: If private vehicle involved, give the specifics of that vehicle.