



ORANGE COUNTY WATER DISTRICT Occurrence Reporting Form

This form is to be completed for any unusual occurrence or event and turned into the **Risk & Safety Department**. Confidential information will only be shared with those involved in the corrective action process.

DO NOT REPRODUCE

DATE & TIME OF OCCURRENCE: Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		TYPE OF INCIDENT: <input type="checkbox"/> Safety <input type="checkbox"/> Security <input type="checkbox"/> Environmental <input type="checkbox"/> Theft <input type="checkbox"/> Threat <input type="checkbox"/> Property <input type="checkbox"/> Complaint <input type="checkbox"/> Hazard <input type="checkbox"/> Other: _____		LOCATION:
PERSON COMPLETING FORM:	CONTACT PHONE#:	NAME(S) OF PERSON(S) INVOLVED:		
DESCRIPTION OF OCCURRENCE: (if theft, list and describe property missing and cost including replacement and man-hours)				
WITNESSES (IF APPLICABLE):				
NAME & PHONE:				
MATERIAL COST, MAN-HOUR COST & OTHER COST RELATED TO THE INCIDENT:				
RECOMMENDATIONS/CORRECTIVE ACTIONS (OPTIONAL):				
Manager Review and Comments:		Signature _____		Date:
<i>Do not write in shaded area.</i>				
Date of Receipt	Risk & Safety Signature: _____			Urgent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk & Safety Comments/Recommendations:				

Attach pictures and/or additional sheets (if necessary) and forward completed form to the Risk and Safety Department.