



**CASITAS MUNICIPAL WATER DISTRICT
PROPERTY DAMAGE REPORTING REPORT**

Reporting Party Information

Reporting Party Name:		Work Phone:	
Title/Section:			
Reporting Party Affiliation:	<input type="checkbox"/> CMWD Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Volunteer		
Name of Manager/Supervisor:		Telephone:	
Reporting Party Signature:		Date:	
Date/Time of Incident:		<input type="checkbox"/> AM	Date/Time Incident Report Completed:
		<input type="checkbox"/> PM	
		<input type="checkbox"/> PM	
Involved Person Information (if applicable):			
Name of person involved in incident:			
Involved Persons Affiliation	<input type="checkbox"/> CMWD Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Volunteer		
Location where incident occurred:			
Describe how damage occurred (please just list facts as you know them; do not speculate cause)			
Nature and extent of property damage/loss (please attach photographs or diagrams if available)			
Risk Assessment			
Describe events leading to incident:			
What acts or conditions contributed directly to the incident?			
What personal and/or job factors contributed to the incident?			

Probability of event recurring	Severity Potential	Exposure Frequency
Likely <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/>	Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input type="checkbox"/>	Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/>
Temporary Fix: What immediate corrective action has been taken to prevent a recurrence?		Permanent Solution: What corrective action has been/will be taken to eliminate the basic causes?
Witness Information (if applicable)		
Name, address and telephone number of witnesses:		
Supervisor/Manager Section		
1. Has the employee involved in the incident been involved in any other incident? If yes, when? (Explain)		
2. Were you aware of any District policies that were potentially violated? If yes, which policy (policies)?		
3. Recommendation regarding disciplinary action (if any):		
4. Employee Signature:		
Manager/Supervisor Signature:		
5. Date submitted to HR:		