

# Mercer County Fire Protection District

## Supervisor Incident Investigation Report

**Instructions:** Incident Investigations are mandatory for all accidents, exposures, losses or damaged equipment involving MCFPD personnel. The member shall immediately notify his or her supervisor if he or she is involved in an incident. The supervisor shall conduct the incident investigation and document the findings on this form (SP-302). The supervisor shall fill in all applicable boxes and insert "N/A" when not applicable. The supervisor must then submit this report to the Fire Chief or Assistant Chief in charge of Risk Management. The Fire Chief or Risk Management Chief shall be notified IMMEDIATELY of any firefighter injury.

|                                |             |                        |                                  |
|--------------------------------|-------------|------------------------|----------------------------------|
| Date of Incident               | Time of Day | Date Notified          | Name of Person Completing Report |
| Name of Involved Firefighter   |             | Social Security Number | Date of Birth                    |
| Firefighter Mailing Address    |             | City                   | State Zip                        |
| Driver's License Number        | Home Phone  | Cell Phone             |                                  |
| Firefighter Regular Occupation |             | Job Title              | Hourly Rate of Pay               |
| Work Address                   |             | City                   | State Zip                        |
| Work Supervisor Name & Title   |             |                        | Work Phone                       |

→ **COMPLETE GRAY SHADED SECTION BELOW IF CIVILIAN / NON-FIREFIGHTER INVOLVED IN INCIDENT**

|   |                        |                |
|---|------------------------|----------------|
| Non-Firefighter Name                    | Social Security Number | Date of Birth  |
| Non-Firefighter Home Address            |                        | City State Zip |
| Non-Firefighter Driver's License Number | Home Phone             | Cell Phone     |

|   |                |
|---|----------------|
| Exact Location of Incident                    | Witness(es)    |
| Name of Person Injured or Ill                 | Type of Injury |
| For Injury, Describe Area(s) of Body Affected |                |

| Type of Incident   |  |
|--|--|
| <input type="checkbox"/> Physical Injury Firefighter     | <input type="checkbox"/> Property Damage Civilian      |
| <input type="checkbox"/> Physical Illness Firefighter    | <input type="checkbox"/> Personal Property Firefighter |
| <input type="checkbox"/> Physical Injury Non-Firefighter | <input type="checkbox"/> Vehicle Damage Civilian       |
| <input type="checkbox"/> Personal Vehicle Damage FF      |  |
| <input type="checkbox"/> Vehicle Damage MCFPD _____      |  |
| <input type="checkbox"/> Vehicle Damage MCFPD _____      |  |
| <input type="checkbox"/> Equipment Damage MCFPD _____    |  |
| <input type="checkbox"/> Equipment Damage MCFPD _____    |  |
| <input type="checkbox"/> Property Damage MCFPD _____     |  |
| <input type="checkbox"/> Job-Related Exposure _____      |  |

| Cause of Incident   |
|---|
| <input type="checkbox"/> Unsafe Acts Involving Firefighter    |
| <input type="checkbox"/> Unsafe Acts Non-Involved Firefighter |
| <input type="checkbox"/> Unsafe Acts Management               |
| <input type="checkbox"/> Unsafe Acts Non-Firefighter          |
| <input type="checkbox"/> Unsafe Conditions Mechanical         |
| <input type="checkbox"/> Unsafe Conditions Physical           |
| <input type="checkbox"/> Unsafe Conditions Environment        |
| <input type="checkbox"/> Unsafe Contributing Factors          |
| <input type="checkbox"/> Other _____                          |
| _____   |

**Describe in Detail How Incident Occurred:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Incident Involved Damaged Equipment or Vehicle, describe damage in detail:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action(s) taken to prevent recurrence:**

|  |  |
|--|--|
| <input type="checkbox"/> Instructed Firefighter on Proper Procedure  | <input type="checkbox"/> Altered Existing Work Procedure       |
| <input type="checkbox"/> Changed Tool or Equipment used in Procedure | <input type="checkbox"/> Notified Management of Needed Changes |
| <input type="checkbox"/> Corrected Unsafe Conditions                 | <input type="checkbox"/> Other                                 |

**Describe in detail the action taken to prevent recurrence:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBMIT THIS FORM TO THE RISK MANAGEMENT ASSISTANT CHIEF AS SOON AS POSSIBLE FOLLOWING COMPLETION. REMEMBER, IN THE EVENT OF A FIREFIGHTER INJURY, ILLNESS OR EXPSOURE EVENT, THE FIRE CHIEF OR RISK MANAGEMENT CHIEF MUST BE NOTIFIED IMMEDIATELY IN ORDER TO COMPLY WITH KENTUCKY WORKERS' COMPENSATION INSURANCE REGULATIONS.