

**CITY OF FOND DU LAC  
 EMPLOYEE PROPERTY DAMAGE FORM  
 (TO BE COMPLETED BY IMMEDIATE SUPERVISOR)**

Complete this form within 24 hours of accident and fax to Tricia at (920) 322-3402 or email to [tdavi@fdl.wi.gov](mailto:tdavi@fdl.wi.gov)  
 (For injuries incurred on duty-fill out Injury Form)

<b>DATE OF REPORT:</b>		<b>FORM COMPLETED BY:</b>	
<b>TYPE OF INCIDENT:</b>	<b>PROPERTY DAMAGE</b>		
<b>DATE OF INCIDENT:</b>		<b>DEPT/DIVISION:</b>	
<b>TIME OF INCIDENT:</b>		AM	PM
<b>NAME OF INJURED EMPLOYEE:</b>		<b>JOB TITLE:</b>	
<b># OF HRS SCHEDULED TO WORK THAT DAY:</b>		<b>SHIFT START TIME ON DATE OF INCIDENT:</b>	AM PM
<b>DATE REPORTED:</b>		<b>REPORTED TO WHOM:</b>	
<b>WITNESSES:</b>			

**INJURED EMPLOYEE'S STATEMENT:**

DESCRIBE ACCIDENT/INCIDENT:	
IDENTIFY SPECIFIC LOCATION WHERE ACCIDENT/INCIDENT OCCURRED:	
HOW COULD THIS INCIDENT HAVE BEEN PREVENTED?	
WAS INCIDENT CAUSED BY UNSAFE ACT OR CONDITION? (YES OR NO) IF YES, EXPLAIN.	
HAVE SIMILAR INCIDENTS OCCURRED BEFORE WITH THIS EMPLOYEE?	YES NO DON'T KNOW
HAVE SIMILAR INCIDENTS OCCURRED BEFORE WITHIN THIS DIVISION?	YES NO DON'T KNOW
IF OTHER SIMILAR INCIDENTS, PLEASE PROVIDE DETAILS/REASON FOR RECURRENCE:	

**CAUSE OF THE INCIDENT: (X ALL THAT APPLY)**

<input type="checkbox"/>	HOUSEKEEPING	<input type="checkbox"/>	PHYSICAL AND ENVIRONMENTAL STRESSES
<input type="checkbox"/>	MATERIALS/TOOLS/PROCESS	<input type="checkbox"/>	EXCEEDING LIMITS (SPEEDS, STRENGTHS, ETC.)
<input type="checkbox"/>	WORK PRACTICES	<input type="checkbox"/>	EQUIPMENT, MACHINERY
<input type="checkbox"/>	HAZARDS NOT RECOGNIZED	<input type="checkbox"/>	FACILITY/DESIGN
<input type="checkbox"/>	PROTECTIVE EQUIPMENT	<input type="checkbox"/>	EXCESSIVE PHYSICAL DEMANDS
<input type="checkbox"/>	CONFLICTING GOALS/POLICIES	<input type="checkbox"/>	MAINTENANCE/INSPECTIONS/REPAIRS
<input type="checkbox"/>	FAILURE TO PLAN/ANTICIPATE	<input type="checkbox"/>	FAILURE TO USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT
<input type="checkbox"/>	RESPONSIBILITIES NOT DEFINED	<input type="checkbox"/>	INADEQUATE CONSTRUCTION/LAYOUT
<input type="checkbox"/>	LACK OF PROCEDURES	<input type="checkbox"/>	INADEQUATE INSTRUCTIONS
<input type="checkbox"/>	RESOURCES LACKING	<input type="checkbox"/>	INADEQUATE DESIGN/SAFEGUARDING
<input type="checkbox"/>	FAILURE TO ACT/CORRECT	<input type="checkbox"/>	INADEQUATE STAFF
<input type="checkbox"/>	INADEQUATE TIME	<input type="checkbox"/>	HORSEPLAY
<input type="checkbox"/>	FAILURE TO FOLLOW PROCEDURES	<input type="checkbox"/>	OTHER; LIST:
<input type="checkbox"/>	KNOWLEDGE/SKILLS LACKING	<input type="checkbox"/>	N/A

**SIGNATURES:**

<b>EMPLOYEE SIGNATURE:</b>		<b>DATE:</b>	
<b>SUPERVISOR SIGNATURE:</b>		<b>DATE:</b>	