

MULTNOMAH COUNTY, OREGON
ADMINISTRATIVE PROCEDURE RSK-18

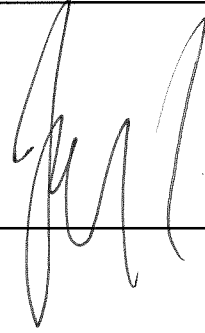
SUBJECT: Incident Reporting (Non-Employee, Non-Automobile,
Involving Members of the Public)

PURPOSE: To describe the procedure for reporting all non-automobile
incidents involving members of the public.

ORGANIZATION RESPONSIBLE: Department of County Management – Risk Management
Section

CHAIR JEFF COGEN

DATE: July 2012



ORGANIZATIONS AFFECTED: All Departments/Offices

LEGAL CITATION/ REFERENCE: None

I. PROCEDURE DESCRIPTION

A. General

- a. This procedure is applicable to all Departments/Offices.
- b. This procedure also applies to all elected officials, and volunteers working for Multnomah County.
- c. The Incident Notice Form RSK-18 is available on the Multco Commons, under the “Administrative Procedures” Section.
- d. This form is used to document all incidents (non-employee, non-automobile) involving members of the public.

B. Background

It is important to document all non-automobile incidents involving members of the public and to have this information readily available if needed.

II. RESPONSIBILITIES

A. Department/Office

- a. Ensure that the Incident Notice Form RSK-18 (Non-Employee, Non-Automobile) is completed as soon as possible after the incident and forwarded to the Risk Management Property & Liability Program, with copies to the appropriate department managers.

B. Risk Management/Property & Liability Program

- a. Assist departments with incident report preparation;
- b. Log and maintain a record of all reports;
- c. Follow-up on incidents as necessary.

III. IMPLEMENTATION AND INTERPRETATION

Any questions on the implementation or interpretation of this procedure should be directed to the Risk Management Section which is responsible for interpreting and implementing this procedure.



Multnomah County Incident Notice Form RSK-18

(Non-Employee, Non-Automobile)

FOR INTERNAL USE ONLY

Send this original form to Property & Liability – 503/531

Complete this form immediately following all non-automobile incidents involving members of the public. Refer to County Administrative Procedure RSK-18 for further information.

1. What are you reporting?	<input type="checkbox"/> Non-injury incident <input type="checkbox"/> Injury Incident <input type="checkbox"/> Property Damage
2. Where and when did this occur?	Date & Time of Incident: _____ <input type="checkbox"/> am <input type="checkbox"/> pm County Property where incident occurred: _____ Street address: _____ Exact location on the property where incident occurred: _____
3. Who was involved? (attach additional sheets or use back of form for additional persons)	Name: _____ Age: _____ Address: _____ Phone: _____ Email: _____ Is person a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was person with a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attempt to obtain guardian's contact information even if they were not present: Name: _____ Relationship to injured party: _____ Address: _____ Phone: _____ Email: _____
4. What happened? (Please be as detailed as possible, attach additional sheets as necessary)	Nature of the incident and extent of injuries(if any) _____ _____ _____ _____ _____ What was injured party doing at the time of the incident? _____ _____ Was first aid rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____ What was the extent of any first aid rendered? _____ _____ Did outside emergency services respond? <input type="checkbox"/> Yes <input type="checkbox"/> No Which emergency service: _____ Time to respond: _____ Did emergency services transport injured party to a medical facility, which one? _____
5. Was there property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please detail.	What property was damaged? _____ Estimated Value: _____ How did the damage occur? _____ _____ _____ Were any county employees involved in this incident? If so, how? _____ _____ _____
6. Were there any witnesses?	Name: _____ Relationship to injured party: _____ Address: _____ Phone: _____ Email: _____
7. Did the person make any statements? Additional comments?	(Please note which person or witness made what statement) (Attach additional sheets as necessary) _____ _____ _____

County Representative Reporting: _____ Department: _____	Phone: _____ Date: _____
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