



## Incident/Occurrence Report

"An incident is any occurrence which is not consistent with the routine operation of the program involved. It may be an accident, an error, or a situation which might result in an adverse reaction, loss of or damage to property or equipment.

This form is to be completed within 24 hours of occurrence. Resolution of occurrence shall be within 72 hours.

Division: \_\_\_\_\_ Program: \_\_\_\_\_ Location: Columbus area

Date of incident: 5/24/2022 Time of incident: 7:00am

Supervisor/Coordinator in charge at time of the incident: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employee filing report: Jason McBride Job title: Health Commissioner

To whom was incident reported or who discovered the incident: \_\_\_\_\_ Date of discovery: Same day 5/24/2022

Jason went to a conference in Columbus. To save money on gas and hotel expenses, he stayed overnight at the home of his in-laws in that area. The city car was parked on the street. A neighbor across the street accidentally backed up into the city car. This neighbor promptly told Jason what happened.

### Assessment of incident:

There was minor damage done to the back of the city car. Jason will discuss this during the June Board of Health meeting. Jason received the contact info of the neighbors involved in case insurance info is needed. Jason believes the damage is minor enough to not need repairs but he will seek the opinion of the Board of Health to see if they concur.

### Plan of action (Include immediate and subsequent actions, include others notified and dates of notification):

### Outcome of occurrence:

### Resolution of occurrence:

Signature of reporter: Jason McBride Date: 6/2/22

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health Commissioner: Jason McBride Date: 6/2/22

Copies to: Health Commissioner, Director of Nursing