

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.

Injured Person Information	Name: _____ S.S. Number: _____ Age: _____	
	Address: _____ Home Phone: _____	
	Bus. Phone: _____ Employed By: _____ What was injured doing when hurt? _____	
	Occupation: _____ _____	
Time & Place Information	Date & Time of Incident, or Property Loss: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Exact Location: _____	
The Injury	Nature & Extent of Injury: _____ Was first aid rendered? _____ Did ambulance or outside emergency services respond? If yes, explain: _____	
Property Damage	Owner & Address: _____ Bus. Phone: _____ Home Phone: _____	List Damage/Loss: _____ Estimated Value or Cost to Repair: _____
Witnesses	Name & Address: _____ Business Phone: _____ Home Phone: _____	
Description of Incident, or how Property Loss/Damage Occurred	_____ _____ _____ _____ _____	

Name of County Representative completing report: _____

Phone Number and Date Completed: _____

SEND ORIGINAL REPORT TO COUNTY RISK MANAGEMENT/PROPERTY & LIABILITY PROGRAM, BUILDING 503/531. RETAIN ONE COPY FOR DEPARTMENT FILE.

Reviewed July 2012