

Old Dominion Historical Fire Society

Post Event Report and Data

Use this form to report: Event Complete with No Reported Accident or Injury _____,
Accident____, Injury____, Suggestion_____

Send completed form to ODHFS Safety Director within one week following the event:
ODHFS Safety Director will submit completed forms to ODHFS President for filing and retention.

Date of Report: _____

Event Sponsor: _____

Date of Event: _____

Location of Event: _____ - _____

Event Chairman or contact person: _____ Phone _____
Address: _____

ODHFS Safety Officer Name: _____ Phone _____
Address: _____

List the name of the Departments and all Emergency units who responded to this accident.

Unit: _____ Phone: _____ Address: _____

Unit: _____ Phone: _____ Address: _____

Name and Address of Witnesses;

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Attach a detail description of what occurred. Include sketches and photos if possible.
For suggestions, attach a separate document or use the back of this form. Please include your
name and contact information.

Required Safety Data

Total number of apparatus in attendance: _____

Total number of ODHFS members: _____

Total number of hours at Event: _____

Total number of hours Regional ODHFS Safety Officer present: _____

ODHFS Regional Safety Officer

Date