

ATTACHMENT P.7

INCIDENT REPORT

Contractor: _____

Date: ____/____/____

Time:

Station or Facility Name: _____

- 1. **Date Event occurred:** ____/____/____
- 2. **Time of Event/Time of Detection:**
Personnel Encountering Damage: _____
- 3. **Police Jurisdiction:** _____
- 4. **Name of Officer:** _____
- 5. **Case Number:** _____
- 6. **Photographs of Damage:** Yes ____ No ____ . **If yes, please attach.**
- 7. **Description of Event – (accident/vandalism):**

- 8. **Was anyone injured:** _____ **If yes, describe injuries:**

- 9. **Name and phone number of persons involved:**

10. List of material and labor cost to repair accident/vandalism damage

Item	Qty.	Description	Material Cost	Labor Hours	Cost/Hour	Total Cost
1						
2						
3						
4						
5						



Form must be faxed within 24 hours of an incident to:
VRE Manager of Facilities 703-684-1313.

RFP No. 09-014
Facilities Maintenance and Custodial Services