

# Bensenville Fire Protection District

## Safety Committee Accident Review

Date  Time   AM  
 PM

Person(s) Involved  Witness(es)

Consequences of Accident:  Fatality  Injury  
Property Damage (\$ Amount)

Place of Accident Occured:

Brief Description of accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Accident:  Yes  No If Yes; Date  Disposition:

### Safety Committee Decision

The Safety committee has reviewed this accident in accordance with BFPD  
SOG and has found that it should be judged:

Preventable  Non- Preventable

Considerations of the facts indicates the following action should be taken to prevent such accidents in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition:  Suspension  Work  24hr Shift no pay  Repair Damage  Pay for Damage

### Safety Committee Signatures

Name:  Date:  Name:  Date:   
Name:  Date:  Name:  Date:   
Name:  Date:

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature:  Date:  Fullfillment Date:   
Chief Signature  Date: