



Incident # _____ - _____

OCEAN CITY BEACH PATROL OCEAN CITY, MARYLAND PERSONNEL INCIDENT REPORT

EMPLOYEE NAME _____ CREW# _____

DATE OF INCIDENT _____ TIME _____

The Following Warning Was Issued this Date and Is to Be Made Part of the Employee's Personnel File.

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> UNREPORTED ABSENCE FROM BEACH | <input type="checkbox"/> IMPROPER CONDUCT |
| <input type="checkbox"/> TARDINESS | <input type="checkbox"/> LEAVING WITHOUT PERMISSION |
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> GROOMING |
| <input type="checkbox"/> FAILURE TO REQUALIFY | <input type="checkbox"/> IN ADHERENCE TO ESTABLISHED POLICY |
| <input type="checkbox"/> SICK/INJURED NON-JOB RELATED | <input type="checkbox"/> WORKMANS COMP |
| <input type="checkbox"/> MISSED MEETING OR REQUIRED ACTIVITY | <input type="checkbox"/> DISCIPLINARY ACTION |
| <input type="checkbox"/> CARELESSNESS / SAFETY VIOLATION | <input type="checkbox"/> MISSED COVER MISSED PULL |
| <input type="checkbox"/> NOT PREPARED FOR WORK / MISSING EQUIPMENT | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF INCIDENT AND SUPPORTING FACTS:

Please provide a concise but complete description of the facts which caused the issuance of this document. Be as specific as possible, including names and dates where appropriate:

Continued on Back

Report completed by _____ Position: _____

Signature of Person Completing Report _____ Date: _____

EMPLOYEE'S STATEMENT:(optional) _____

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Employee's Signature _____ Date: _____

CORRECTIVE ACTION TO BE TAKEN: _____

ACTION TAKEN: CONFERENCE REVIEW AT EVALUATION RESTART PROBATION ____/____/____
 WRITTEN WARNING SUSPENSION DISCHARGE

Reviewed by _____ Position: _____

Signature _____ Date _____

Related Incident #s: _____, _____, _____

Supporting Documentation Attached YES NO