

Utility Failure Incident Report



Date Notified

Date of Incident

Hospital Address

Incident Location

Your Name

Title/Department

Phone

Email address

Equipment/Device Information

Select One

Other equipment affected by failure:

Plumbing

Electrical

HVAC

System:

Manufacturer

Model/Part #

Serial #

Bar Code #

Person Involved

Present/Knowledgable

Description of Incident:

Investigation

Has equipment been tagged and isolated?

Is equipment under contract?

Was company notified of defects prior to incident?

Yes

Yes

Yes

No

No

No

N/A

N/A

N/A

What action was taken if company notified?

Device History

Last scheduled maint. date:

Who completed maint?

Notes:

Unscheduled maint. date:

Who completed maint?

Notes:

**Do you have a copy
of all work orders?**

Enter associated work order numbers below if any:

Yes

No

N/A

Incident Description

Describe the failure here:

1. Total Failure
2. Partial Failure
3. Component Failure

Incident Impact

Describe actual impact here:

Describe potential impact here:

1. Life
2. Health
3. Comfort
4. Convenience
5. Injury
6. Other

Cause of Incident

Describe the cause of incident here:

1. Operator Error
2. Mechanical Failure
3. Unknown
4. Other

Back-up Performance

Describe failure, if applicable

- Redundancy Available, Worked
 - Redundancy Available, Failed
 - Redundancy Not Applicable
-

Unit Evaluation:

Corrective Actions:

Observations/Conclusions:

Additional Comments/Notes:



**Submit
Email**