

	<p align="center"><b>OFFICE OF STATE FIRE MARSHAL</b></p> <p align="center"><i>INCIDENT MANAGEMENT TEAMS</i></p> <p align="center"><b>STANDARD OPERATING GUIDELINES</b></p>	<p><b>Number:</b> SOG- I -5001  <b>Adoption Date:</b> 11/20/2012  <b>Author:</b> Mark Johnston  <b>Review/Revision:</b>  August, 2016</p>
OSFM Approved: <u><i>Jim Walker</i></u> Date <u>8/26/16</u> Jim Walker, State Fire Marshal		<u><i>Mariana Ruiz-Temple</i></u> Date <u>8/26/16</u> Mariana Ruiz-Temple, Chief Deputy
<p><b>SUBJECT:</b> Damage Documentation Procedures</p> <p><b>OBJECTIVE:</b> To provide instruction to Incident Management Team members in the event of an accident or damage during a deployment</p>		

## **I. SCOPE**

This SOG was developed to define the basic roles and responsibilities of Incident Management Team (IMT) members when an accident or damage occurs during a mobilization.

## **II. GENERAL**

### Damage to equipment owned by responding fire agencies:

- 1) Task Force Leader (TFL) notifies DIVS of damage during or directly after operational period.
- 2) DIVS determines whether they feel the damage was caused as a result of the incident. All damage will be documented.
- 3) DIVS works with TFL to complete top portion of Claim form, including:
  - a. Incident name
  - b. Date & time damaged occurred
  - c. Date & time damage reported
  - d. Names and contact info for apparatus operator, agency contact, witnesses, and DIVS
  - e. Detail of property damaged
  - f. Summary of event
    - i. Summaries include who, what, where, when, and why the damage occurred
- 4) DIVS informs appropriate Safety Officer. Typically the Line Safety Officer (SOFR) assigned to the area will investigate if necessary. Any resulting report will be attached to the Claim form.
- 5) DIVS contacts Finance Section Chief (FSC). FSC makes determination as to whether the damage is reimbursable, signs, and distributes the carbon copies.

- 6) All parties involved document the damage and surrounding conversation on their ICS-214.
- 7) DIVS will brief the Operations Section Chief (OSC) about the claims nature and number of claims. OSCs will keep Incident Commanders apprised of any recurring issues.

Property damage to state-owned property:

- 1) All parties involved document the damage and conversation on their ICS-214.
- 2) Fill out the State Self Insurance Form (See instructions on form).

Damage to public property:

- 1) All parties involved document the damage and conversation on their ICS-214. Individuals involved are to notify supervisor right away. Supervisor to notify Finance Section Chief.
- 2) Finance Chief will provide the person with an *Instructions for the Public Reporting a Loss and Filing a Claim* form.
- 3) Fill out top section, tear off bottom section and leave with claimant.

Injury Claims:

- 1) Non-OSP personnel
  - a. Provide a form 801 (Report of Job Injury or Illness) to injured party and assist them with filling it out.
    1. If the department is self-insured, the form 801 will not be appropriate. You should attempt to find the appropriate form by contacting the employer.
  - b. If injured party is unable to fill out the form, contact their administrative department, advise them of the situation and let them know you have a workers compensation claim and solicit their advice on where to send the paperwork
- 2) OSP personnel
  - a. Regardless of the severity of the injury, provide a form 22 (Occupational Incident Report) to the injured party to fill out. This form is necessary to protect the worker in the event their untreated medical condition worsens or changes.
  - b. If they have a medical condition which will require treatment, a form 801 will **ALSO** need to be filled out if they are going to the doctor/emergency room.

**Note:** Work closely with Safety and Logistics. Finance personnel are not required to accompany the injured party to the hospital.

### **III. DAMAGE DETERMINATIONS**

The DIVS is the first IMT member to review the claim and make a determination as to whether the claim is the result of the incident (or a direct result of the operations being conducted). The first consideration should be what activity was taking place when the damage occurred. If the

resource was not engaged in tactical actions at the time of the damage, the claim is most likely not the result of the incident.

The DIVS will not financially obligate OSFM; the FSC will make the final determination as to whether the claim is reimbursable under the Oregon Fire Service Mobilization Plan prior to distributing copies of the form as indicated.

#### **IV. EXAMPLES**

Some examples of claims that are generally not reimbursable include:

- 1) Damage done in town or in camp
- 2) Damage done due to carelessness (not using a backer, etc.)
- 3) Equipment that was misplaced or not properly secured
- 4) Damage to personal items (cell phones, tents, etc.)
- 5) Replacing undamaged tires
- 6) Criminal acts or negligence
- 7) Mechanical breakdowns in general (dead batteries, cruise control not working, broken switches, windshield wipers, brakes, etc.)

#### **V. ATTACHMENTS**

- 1) OSFM Claim Documentation Form

Attachment 1



Office of State Fire Marshal  
Claim Documentation Form

INCIDENT NAME \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

Date of Report: \_\_\_\_\_ Time of Report: \_\_\_\_\_ Date of Claim: \_\_\_\_\_ Time of Claim: \_\_\_\_\_

Name and Contact Information of Those Involved:

Apparatus Operator \_\_\_\_\_

Department Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Agency Contact \_\_\_\_\_

Witness Name \_\_\_\_\_

Division / Group Sup \_\_\_\_\_

Specific Detail of Property Damaged: (Apparatus Number, Serial Numbers, Make, Model, Type, License or E-Plate etc.)

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

Summary of Event:

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

Claim the Result of the Incident Yes ☐ No ☐ DIVS Signature: \_\_\_\_\_

Safety Report Attached Yes ☐ No ☐

Documented on 254 Yes ☐ No ☐

Photos Taken Yes ☐ No ☐ Photos in possession of \_\_\_\_\_

Covered as reimbursable under the Oregon Fire Service Mobilization Plan? Yes ☐ No ☐ Under Investigation ☐

FSC Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Use additional forms as needed for other witness statements or event descriptions.) Page \_\_\_\_\_ of \_\_\_\_\_