ARLINGTON VIRGINIA
PUBLIC HEALTH DIVISION

Arlington County Public Health
Volunteer Management System

ICDRM

VOLUNTEER INCIDENT REPORT	**VMS T2** Rev. 9/25/05
This form is intended to capture all the details associated with any type of incident involving volunteers at the ACPH-VMC or volunteers assigned &/or deployed by the ACPH-VMS. It is to be completed by the VMS Manager. The Trouble Desk investigates/intervenes as indicated.	**VMS MANAGER** Distributed to Trouble Desk Supervisor, Incident Integration Branch, Volunteer Processing Branch, Admin/Finance Section, ACPH Risk Management

1. DATE OF REPORTED INCIDENT:	2. DATE/TIME:
3. OPERATIONAL PERIOD:	4. LOCATION: VMC Incident site Other Exact location:
5. INCIDENT:	6. IMS SUPERVISOR/VMS STAFF NAME:

DESCRIBE IN FULL THE NATURE OF THE REPORTED INCIDENT& ANY INJURY OR PROPERTY DAMAGE:

7. Name of Volunteer involved:	8. Volunteer ID #:
9. EMS Rescue called: YES NO	10. Police contacted: YES NO Report #:

11. Witness(es) and contact numbers

Witness	Contact #

12. ACTIONS TAKEN FOLLOWING THE REPORTED INCIDENT:

13. ACPH-VMS Trouble Desk notified: YES NO	12. Contact Name:

14. SUPERVISOR FOLLOW-UP RECOMMENDATION:

15. ACPH-VMS FOLLOW-UP:

16. Supervisor/VMS Staff Signature:	17. VMS Manager Signature:

Arlington County Public Health
Volunteer Management System

Instructions for:
VMS T2 – Volunteer Incident Report

- *Section 1: Document the date of the incident being reported*
- *Section 2: Document the time and date the form is being prepared.*
- *Section 3: Document the operational period the form applies to. For instance, if operating on a 12 hour cycle, then put 0700-1900 or 1900-0700 as appropriate. If operating on a 24 hour cycle, then 0700-0700 as appropriate.*
- *Section 4: Document the location at which the reported incident occurred*
- *Section 5: Document the name given by IMS management to the name of the overall incident.*
- *Section 6: Document the name of the IMS Supervisor or ACPH-VMS Staff reporting the adverse incident.*
- *Section 7: Document the name of the ACPH volunteer involved in the reported incident.*
- *Section 8: Document the Volunteer ID Number of the ACPH volunteer involved in the reported incident.*
- *Section 9: Document whether EMS Rescue was called as a result of the reported incident.*
- *Section 10: Document whether the police were contacted as a result of the reported incident. If yes, please list the police report number associated with the incident.*
- *Section 11: Document all relevant actions taken by ICS/IMS and/or ACPH-VMS as a result of the reported incident.*
- *Section 12: Document whether the ACPH-VMS Trouble Desk was notified as a result of the reported incident.*
- *Section 13: Document the name of the ACPH Trouble Desk Operator who received the information about the reported incident.*
- *Section 14: Document the recommendations made by the ICS/IMS Supervisor regarding the resolution or required follow-up to the reported incident.*
- *Section 15: Document the follow-up actions taken by the ACPH-VMS as a direct result of the reported incident and the recommendations made by the ICS/IMS Supervisor.*
- *Section 16: Insert the signature of the ICS/IMS Supervisor or that of a designated VMS Staff member.*
- *Section 17: Insert the signature of the VMS Manager.*