

Kai Makani AOA INCIDENT REPORT

Date: _____

Manager will complete this form in the following instances:

Date of occurrence: _____

FIRE [] THEFT [] WATER LEAK [] VANDALISM []

Time: _____ am / pm

POLICE ON PREMISES [] UTILITIES* []

First report to: _____

OTHER [] (DESCRIBE)

Reported by: _____

DESCRIBE THE INCIDENT IN DETAIL:

(If additional space is required, use the back of this report)

ACTION TAKEN:

REPORTED TO: _____	DATE: _____	TIME: _____
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COMMENTS: (Describe damage/loss, corrective action taken)

Were personal injuries involved? _____ If yes, describe:

If interruption in utilities occurred, indicate: Heat [] Gas [] Electricity [] Hot Water [] Pumps [] (type) Air conditioning []		NOTIFIED: BY TIME
Restored? Date: Time: am/pm		<div style="background-color: black; width: 100%; height: 40px;"></div>
Signed:		Manager Chief Eng. Asst. Mgr. Prop Mgr.
		Title:

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Continued...

[illegible]