

Administrative Reference

Environment Health Section

 **KY Food Safety Branch Vehicle Incident Report**

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| **INSPECTOR INFO** |
| Inspector Name: |  | Date: |  |
| Agency: |  | Phone: |  |
| Address: |  | Email: |  |

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| **INCIDENT INFORMATION** |
|  |
| □ Truck Wreck | □ Train Wreck | □ Surveillance |
| Location of Incident: |  |
| Time of Incident: |  |
| Time Reported to LHD: |  | By whom? |  |

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| **PRODUCT DESCRIPTION** (CHECK *ALL* THAT APPLY) |
| □ Grains | □ USDA Regulated Product |
| □ Food Ingredients | □ Alcohol  |
| □ Shelf-stable Finished Food Product | □ Co-Mingled Product Food/Non-Food |
| □ Temperature Controlled  | □ Other: |
| □ Drugs (*circle* OTC or Controlled) |

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| **PRODUCT DAMAGE** (CHECK *ALL* THAT APPLY) |
| □ Fuel/chemical contamination | □ Cross-contamination |
| □ Out-of-temp | □ Exposure |
| □ Smoke/Fire | □ Other: |

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| **DISPOSITION OF PRODUCT:** (*attach Form DFS-222, if applicable*) |
| Product Desc. and Weight: | Quarantined? | Voluntarily Destroyed? |
|  | □ | □ |
|  | □ | □ |
|  | □ | □ |
|  | □ | □ |
|  | □ | □ |
| Method of Destruction and Disposal Site: |  |
| Destruction Witnessed By: |  |
| □ Offloaded To: |  |
| □ Diverted To: |  |
| □ Released To: |  |

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| **PRODUCT TEMPERATURE** |
| Product #1 | Product #2 | Product #3 | Product #4 | Product #5 |
|  |  |  |  |  |
| Ambient Vehicle Temp: |  | Outside Air Temp: |  |

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| **INCIDENT COMMANDER/PERSON IN CHARGE** |
| Name: |  | Agency: |  |
| Police Report Available? | Contact Info: |
| Yes□*(please attach)* | No□ |

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| **CARRIER INFORMATION** |
| Name of Transport Company: |  |
| Contact Person: |  |
| Address: |
| US DOT # |  | Driver’s Name: |  |
| Vehicle Plate/ID # |  | State |  |
| Driver’s License # |  | Manifest Available?  | Yes□*(please attach)* | No□ |

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| **VEHICLE DESCRIPTION** |
| **VEHICLE** | **ID NUMBER** |
| □ Box Truck - Refrigerated |  |
| □ Box Truck - Ambient |  |
| □ Trailer - Refrigerated |  |
| □ Trailer - Ambient |  |
| □ Tanker Trailer |  |
| □ Rail Car |  |
| Other: |
| Original departure point: |  |
| Original destination: |  |
| Estimated time in transit: |  |
| Description of vehicle damage: |

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| **WRECKER COMPANY/TOWING FIRM** |
| Name and Contact Information: |  |
| Destination of Damaged Vehicle: |  |

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| Site diagram/Notes: |

***Attach additional pages, as needed****.*