

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****.*