

Print**Email**

Please email completed form to Risk Management at claims@ocalafl.org by clicking the email button above.

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City of Ocala

Incident Report

Report SERIOUS incidents to HR & Risk Management by telephone as soon as possible at 352-629-8359. All incidents must be reported on this form no later than 24 hours following the incident. Any claim NOT reported within 30 days of the incident maybe denied coverage under the Self Insured Plan. Reporting is the responsibility of the Supervisor most closely related to the incident.

ALL FIELDS MUST BE COMPLETED – USE NA IF NOT APPLICABLE

FILL OUT FOR ALL REPORTS

Date of Incident: 04/30/26	Date Dept. Notified: 04/30/26	Name of employee involved: Kenneth McDuffie	Department: Facilities	Div. #: 321
Time of Incident: 10:22am		Job Title: Manager	Location of Incident: E.D. Croskey	

What happened? NATURE OF EVENT

I received a call from Victor with Stokes Electric and John Spencer advising that one of their technicians had removed the cover from an electrical panel, which subsequently came into contact with the A/C unit coil. This incident resulted in a puncture to the unit, causing damage to the coil and a complete loss of refrigerant. The coil will need to be replaced, and the system will require recharging with new refrigerant.

Describe any immediate remedial action taken (if applicable):

Sherman Mechanical was contacted for immediate temporary repair. While they are also, getting quotes for the new coil for replacement.

Police Case #:

Fire Report #:

FILL OUT IF CITIZEN WAS INVOLVED

Name of citizen involved:	Address & phone number:	Citizen injured: ☐ Yes ☐ No
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FILL OUT IF ANY PROPERTY WAS DAMAGED (other than vehicle crashes)

What City property was damaged? A/C Coil for outside unit	What Citizen property was damaged?
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Witnesses (if applicable)

Name:	Address:	Phone #:

FILL OUT IF MOTOR VEHICLE CRASH

City vehicle #:	Owner of Citizen's vehicle:	Tag number of Citizen's vehicle:
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FILL OUT IF EMPLOYEE WAS INJURED

Part of Body Injured/Left or Right Side:	Was medical treatment required: ☐ Yes ☐ No ☐ Unknown
	Where was treatment received: ☐ City Clinic ☐ Other

FILL OUT FOR ALL REPORTS

Supervisor's Name: Gary Crews	Phone #: 352-844-6477	Drug Tested? ☐ Yes ☐ No
Form Submitted by: Kenneth McDuffie	Date: 04/30/26	Revised Date: 6/2019

What Happend?

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Describe any immediate remedial action taken (If Applicable):

Sherman Mechanical was contacted for immediate temporary repair. While they are also, getting quotes for the new coil for replacement.

Name of Citizen Involved:**Address & Phone Number:****What City property was damaged?**

A/C Coil for outside unit

What Citizen property was damaged?