

DEPARTMENT OF CRYPTID CONTROL
FACILITIES & MAINTENANCE DIVISION

INCIDENT / IRREGULARITY REPORT
FORM DCC-FM-27B (REV. 1984)

THIS DOCUMENT IS NOT A REQUEST FOR ACTION

DATE: [REDACTED] / [REDACTED] / 1988

TIME REPORTED: [REDACTED] HOURS

REPORTED BY: [REDACTED] [REDACTED]

POSITION: JANITOR / MAINTENANCE (PROBATIONARY)

EMPLOYEE ID: [REDACTED]

ASSIGNED AREA:

☐ SUBLEVEL A (0-50)

☐ SUBLEVEL B (51-126)

☐ SUBLEVEL C (128-159)

☒ OTHER: Not labeled?

TYPE OF INCIDENT

(CHECK ALL THAT APPLY)

☐ STRUCTURAL ANOMALY

☒ UNMAPPED ACCESS POINT

☒ VIBRATION / MOVEMENT (NON-SEISMIC)

- ☒ WATER LEAK
- ☒ ELECTRICAL FAULT
- ☐ FIRE / SMOKE
- ☐ UNAUTHORIZED PERSONNEL
- ☐ EQUIPMENT FAILURE
- ☐ OTHER: _____

LOCATION DESCRIPTION:

Stairwell not on map. Flr did not have a number. Not sure how I got there.

- ☐ LOCATION VERIFIED ON OFFICIAL MAP:
- ☐ YES ☒ NO

OBSERVED CONDITIONS

(MARK IF PRESENT)

- ☒ Audible structural stress
- ☒ Wall surface deformation
- ☐ Lighting inconsistency
- ☐ Shadow displacement
- ☒ Floor vibration (localized)
- ☒ Temperature anomaly
- ☐ Visible fluid leakage
- ☐ Odor (specify): _____

MATERIAL DAMAGE

- ☒ CONCRETE (fracture patterns observed)
- ☐ METAL (audible stress, deformation)
- ☒ GLASS
- ☐ TILE
- ☐ PIPE
- ☐ OTHER: _____

DESCRIPTION (REQUIRED):

Saw a bunch of cracks all in a line.
Everything looked warm but felt cold, and shiny.

PERSONNEL IMPACT

- ☒ EMPLOYEE DISTRESS
- ☐ INJURY
- ☐ LOSS OF CONSCIOUSNESS
- ☐ FATALITY

DETAILS:

Man it freaked me out !!

TIME DISCREPANCY REPORTED

- ☐ YES
- ☒ NO

DETAILS:

Employee

EMPLOYEE STATEMENT

Something weird happened. I know it is my first week but it isn't normal down there.

ACTION TAKEN

(CHECK ALL THAT APPLY)

- ☒ NO ACTION REQUIRED
- ☐ AREA SEALED
- ☐ MAINTENANCE DISPATCHED
- ☒ SECURITY NOTIFIED
- ☐ ENGINEERING REVIEW REQUESTED
- ☒ EMPLOYEE FOLLOW-UP REQUIRED

SUPERVISOR REVIEW

- ☒ REPORT RECEIVED
- ☒ CONDITIONS ATTRIBUTED TO NORMAL STRUCTURAL STRESS
- ☒ NO FURTHER INVESTIGATION WARRANTED

NOTES:

Employee is new. Description consistent with unfamiliarity with facility acoustics and lighting.

FINAL DISPOSITION

☒ FILE CLOSED

☐ REFERRED TO OTHER DEPARTMENT

☐ PENDING REVIEW

REVIEWED BY: [REDACTED]

TITLE: FACILITIES SUPERVISOR

DATE: [REDACTED] / [REDACTED] / 1983

SIGNATURE:  _____

NOTICE:

FURTHER DISCUSSION OF UNVERIFIED OBSERVATIONS
IS DISCOURAGED.