



City of Miami  
**EMPLOYEE INCIDENT DIARY**

Employee Name:	Present Title:	Classification:
Department:	Division:	Section:
Date:	Time:	Location:

All work performed either above or below average should be recorded at the time such performance is witnessed or as soon as possible thereafter.

**DESCRIPTION OF INCIDENT/ACCOMPLISHMENT**

<b>Facts</b>	
<b>Objectives</b>	
<b>Solutions</b>	
<b>Actions</b>	

Discussion Notes: *(Include appropriate dates, times, and descriptions of issues discussed.)*

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Form Completed By:  <i>Print Name</i>	Signature:	Date:
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For assistance completing this form contact Labor Relations at 305-416-2060 or visit the Labor Relations web page at <http://citynet/employeeel/pages/labor/>.