



## The Wash Tub Incident Packet

1. Fill out all applicable forms included in the packet. Forms included are:
    - a. Claim Form – If damage occurred to customer vehicle
    - b. Employee Accident Report – If employee is injured
    - c. Incident Report – Must be filled out for all major incidents
  2. Call your area manager or Javier. An emergency meeting may be necessary to discuss the incident.
  3. Complete the “Conclusions” section of Incident Report based on meeting or communications undertaken in Step 2.
    - a. For “Company policy implications” note whether company policy was not followed, company policy contributed to incident, or lack of company policy for this action.
    - b. Note “Actions to be Taken”. Examples: Better training, change in company policy, addition to company policy, etc.
  4. Fill out “Employee Warning Notice” if necessary.
  5. Follow up with customer(s) if necessary.
  6. Forward all paperwork to corporate office.
- ❖ It is important that you stay focused. Go out of your way to gain your customer’s confidence and trust that the situation will be taken care of in a timely and professional manner.



# REPAIR AUTHORIZATION FORM

DATE OF ACCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

### VEHICLE INFORMATION

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_ COLOR: \_\_\_\_\_

VIN # \_\_\_\_\_

AREA OF DAMAGE: \_\_\_\_\_

DESCRIPTION OF ACCIDENT/DAMAGE: \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_ MANAGER SIGNATURE \_\_\_\_\_

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### CORPORATE AUTHORIZATION

AUTHORIZATION TO BEGIN REPAIRS \_\_\_\_\_

AUTHORIZATION FOR PAYMENT \_\_\_\_\_

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### REPAIR SHOP INFORMATION (to be completed by repair facility)

REPAIR ESTIMATE: \$ \_\_\_\_\_ DATE SCHEDULED IN FOR REPAIRS \_\_\_\_\_

# DAYS IN SHOP \_\_\_\_\_ POINT OF CONTACT \_\_\_\_\_

This is to certify that my automobile damage has been repaired by \_\_\_\_\_

The repairs were completed on \_\_\_\_\_ & the final invoice amount is \$ \_\_\_\_\_

Customer signature \_\_\_\_\_

**PLEASE FAX FINAL BILL TO ACCOUNTS PAYABLE AT  
210-298-9246 WHEN WORK IS COMPLETED**



I represent, acknowledge, and for valuable consideration agree with The Wash Tub and its principals, agents, employees, parent companies, affiliates, licensors, and successors (“Company”) as follows:

1. That I am the owner of the vehicle described on this document (“Vehicle”) or have been authorized by the owner to make the representations, promises and covenants provided herein.
2. That the body, paint, vinyl and convertible top, and interior condition of the vehicle at the time I delivered it to the company for service is as described. (Vehicle Condition Report)
3. That the courtesy safety inspection provided herein is optional and will be conducted contingent upon time and manpower availability when requested. Under no circumstances is the inspection intended to be exhaustive or provide complete detection of trouble areas of needed repairs. I specifically acknowledge that there are no warranties included with the inspection.
4. That I have removed all valuable articles from the vehicle and that the Company shall bear no responsibility for loss due to theft, fire and any other cause beyond the Company’s control.
5. That I have authorized the Company to perform the work described herein and to provide the necessary parts and materials to do so. An express lien is hereby acknowledged and granted on the vehicle to secure payment for the labor and materials required to perform the work.
6. That the Company has permission to operate the vehicle on the premises, on streets, highways or elsewhere for the purpose of testing and/or inspection, or pickup or deliveries.
7. That upon redelivery of the vehicle and leaving the premises, I am accepting the work performed by the Company as complete and in timely compliance of our agreement, and I am satisfied to the “as is” condition of the vehicle.
8. That in the event of any damage done to my vehicle while in the possession of The Wash Tub, I agree to allow The Wash Tub to repair said damage using vendors of their selection or choice.
9. That if I take advantage of any courtesy transportation offered by the Company while the vehicle is being worked on, that I specifically assume the risk of any personal injury or property damage which may occur while being transported.
10. I approve of the Company placing their decal on my vehicle window and assume the risk of any view obstructions, caused or potentially caused, by its placement and release the Company of any liability therefore.
11. That I agree to pay any collection costs, court costs or attorney fees incurred by the Company in seeking my compliance with this Agreement or defending any unsuccessful claims against it.



SEND THIS FORM TO THE CORPORATE OFFICE IMMEDIATELY

## Employee Accident Report

### *To Be Completed by Manager*

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP \_\_\_\_\_

Male  Female Job Title: \_\_\_\_\_

Part of body injured: \_\_\_\_\_

Describe in detail how the accident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### *For Office Use Only*

Case # \_\_\_\_\_

Name/Address of Physician: \_\_\_\_\_

Name/Address of Hospital: \_\_\_\_\_

Lost Time?:  No  Yes \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Logged on OSHA 300?: \_\_\_\_\_

Employer name: Vizza Wash, LP 2208 NW Loop 410, San Antonio, TX 78230

Employer Representative: Gary Stinnett/Director of Human Resources Date: \_\_\_\_\_

This form replaces OSHA No. 301



## Employee Warning Notice

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date of Warning: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Violation (check one)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Misconduct                              | <input type="checkbox"/> Dress Code                   | <input type="checkbox"/> Insubordination             |
| <input type="checkbox"/> Lateness or Early Quit | <input type="checkbox"/> Failure to Follow Instructions          | <input type="checkbox"/> Violation of Safety Policies | <input type="checkbox"/> Violation of Company Policy |
| <input type="checkbox"/> Job Abandonment        | <input type="checkbox"/> Willful Damage to Material or Equipment | <input type="checkbox"/> Unsatisfactory Performance   | <input type="checkbox"/> Cash Overage/Shortage       |
| <input type="checkbox"/> Dishonesty             | <input type="checkbox"/> Other:                                  |   |  |

Employer Statement

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

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Employee Statement

- I agree with employer's statement  
 I disagree with employer's statement

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Previous Warnings

|                         | Oral                     | Written                  | Date           | By Whom |
|-------------------------|--------------------------|--------------------------|----------------|---------|
| 1 <sup>st</sup> Warning | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____   |
| 2 <sup>nd</sup> Warning | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____   |
| 3 <sup>rd</sup> Warning | <input type="checkbox"/> | <input type="checkbox"/> | ____/____/____ | _____   |

Action to be taken  Warning  Probation  Suspension  Dismissal  Other

Consequence should incident occur again \_\_\_\_\_

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I have read this Employee Warning Notice and understand it.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Issuing Warning

\_\_\_\_\_  
Supervisor Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Date



SEND THIS FORM TO THE CORPORATE OFFICE IMMEDIATELY

## Incident Report

### *To Be Completed by Manager*

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Describe in detail the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: \_\_\_\_\_

*Written witness statements should be attached to this report*

### **Conclusions**

Consensus Cause of Incident: \_\_\_\_\_

\_\_\_\_\_

Company Policy Implications: \_\_\_\_\_

\_\_\_\_\_

Actions to be Taken: \_\_\_\_\_

\_\_\_\_\_

*Manager's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_