

Incident Date: _____
Reported On: _____
Building Damage Occurred: _____
Floor: _____ Room(s): _____

Reported By: _____
Position: _____
Department: _____
Supervisor: _____

Type of Loss: Theft Water Fire Electrical Other _____

Did damage cause interruption of normal use of the building or facility? Yes No

Was the equipment locked up? Yes No Was it on backup battery power? Yes No

Describe the damage/theft: _____

Was DPS or STLPD notified? Yes No If so Police/DPS number: _____

Estimated Cost of Repair/Replacement: _____ Attach backup paperwork.

In the event of a Theft, please complete the following section:

What was the last known location of the equipment? _____

Was this equipment being stored securely when not in use? How? _____

When was the equipment last seen? _____ When was it last used? _____

Please describe the steps taken to locate the equipment. _____

State what the department has done, or what will do in the immediate future to help prevent similar losses.

If the damage was caused by Fire, please complete the following section:

Was the building evacuated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Time Fire Discovered:	_____
Was Fire Dept. called?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Person who discovered fire:	_____
Was Fire Alarm activated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Extinguishers/fire hoses used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were extinguishers/hoses used:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Time Fire Dept. arrived:	_____
Indicate origin of fire: _____						

Person Completing Report:

Name _____ Date _____ Dept. _____
Phone _____ Email _____

Preparer's Signature _____