**Losses should be reported to the Office of Risk Management and Insurance immediately upon discovery. A report should be made even if all information is not yet available.**

|  |  |
| --- | --- |
| **DATE OF LOSS:** | **TIME:** |

**LOCATION OF LOSS:**

|  |  |  |
| --- | --- | --- |
| **BUILDING:** | **DEPARTMENT:** | |
| **ADDRESS:** | | **ROOM #** |
| **DOLLAR ESTIMATE OF LOSS, IF KNOWN:** | | |

**NAME & PHONE NUMBER OF CONTACT PERSON (S):**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **PHONE:** | **E-MAIL:** |
| **NAME:** | **PHONE:** | **E-MAIL:** |

**OTHER DEPARTMENTS NOTIFIED:**

|  |  |  |
| --- | --- | --- |
| **PUBLIC SAFETY** | **FACILITIES** | **OTHER:** |
| **OFFICE OF EMERGENCY MANAGEMENT (OEM)** | | |
| **ENVIRONMENTAL HEALTH AND SAFETY (EHS)** | | |

**BRIEF SUMMARY DESCRIBING HOW THE EVENT OCCURRED, INCLUSIVE OF CONTRIBUTING FACTORS, IF KNOWN:**

|  |
| --- |
|  |

**BRIEF DESCRIPTION OF THE PROPERTY DAMAGED, MISSING, OR OTHERWISE SUBJECT TO LOSS, SPECIFYING COST CENTER SUSTAINING THE LOSS:**

|  |
| --- |
|  |

**DAMAGE TO BUILDING:**

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| --- | --- |
| **DESCRIPTION** | **ESTIMATED REPAIR/REPLACEMENT COST** |
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**CONTENTS DAMAGED, DESTROYED, OR STOLEN:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPERTY DESCRIPTION** | **DATE PURCHASED** | **PURCHASE PRICE** | **REPLACEMENT COST** |
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**EQUIPMENT DAMAGED, DESTROYED, OR STOLEN:**

|  |  |  |  |
| --- | --- | --- | --- |
| **EQUIPMENT DESCRIPTION** | **DATE PURCHASED** | **PURCHASE PRICE** | **REPLACEMENT COST** |
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**I HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.**

|  |  |
| --- | --- |
| SIGNATURE: | DATE: |
| TITLE: | PHONE: |

**FORWARD A COMPLETED COPY OF THIS REPORT TO ROWAN UNIVERSITY RISK MANAGEMENT AND INSURANCE, ALONG WITH PHOTOS. CONTACT LORRAINE SACCHETTI,** [**SACCHETTI@ROWAN.EDU**](mailto:SACCHETTI@ROWAN.EDU)**, 856-256-4128 OR TONY TARTAGLIA,** [**TARTAGLIA@ROWAN.EDU**](mailto:TARTAGLIA@ROWAN.EDU)**, 856-256-4370.**