**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:**

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

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**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****, 856-256-4128 OR TONY TARTAGLIA,** **TARTAGLIA@ROWAN.EDU****, 856-256-4370.**