

# Property Damage Report

The University of Kansas • Facilities Services

Employee: \_\_\_\_\_ Assigned Shop or Zone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date Reported to Supervisor: \_\_\_\_\_

Describe how the incident occurred. Be as detailed as possible, including specific location (building, room, etc.), any applicable safety measures used, events leading to the incident, job task being performed, and what kind of damage occurred. Photos or diagrams may be attached. \*\*

List any witnesses: \_\_\_\_\_

*Please submit a statement from the witness (es) with the Property Damage Report or as soon as possible afterward. However, the submission of the Property Damage Report should not be delayed if a witness is not immediately available to prepare a statement.*

What immediate actions were taken to prevent a similar incident from occurring (reminders/counseling, training, repair or replacement of equipment, etc.)? \*\*

What long term actions will be taken to prevent a similar incident from occurring (reminders/counseling, training, repair or replacement of equipment, etc.)? \*\*

What was the root cause of the incident? \_\_\_\_\_

Was an employee injured during or because of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, an Injury Report must be completed and submitted to Carol Cooper, HR Manager for Campus Operations.

Insert link to form

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

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Employee Signature/Date

\*\* If completing by hand, use the back of form if necessary

LR 7/2014