



PROPERTY DAMAGE / LOSS REPORT

PART I: BASIC INFORMATION

1. Name of Employee Involved:		2. Department:	
3. Phone Number:	4. Location of Incident:	5. Date of Incident:	6. Time of Incident:
7. Description of the Property or Equipment & Asset Number:			

PART II: NAMES OF OTHER EMPLOYEES INVOLVED

PART III: WITNESSES

1. List (Print) Names & Phone Numbers of Any Witnesses:	3. Employee(s) Involved Drug Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART IV: SUPERVISOR NOTIFICATION & COST

1. Name (Print) of Supervisor:	2. Date & Time Supervisor Was Notified:	3. Estimated Cost of Damage / Loss:
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PART V: INCIDENT DESCRIPTION & DETAILS

Note: For vehicle accidents/incidents, attach a copy of the Florida Traffic Accident Report.

1. Description of What Occurred:
2. What Unsafe Act, Equipment, or Property Contributed to This Incident:
3. What Steps or Changes Have Been Made to Prevent a Similar Incident from Occurring in the Future:

PART VI: MANAGEMENT REVIEW / APPROVAL

1. Site Supervisor: Name (Print): _____ Signature: _____ Date: _____	2. Department Director: Name (Print): _____ Signature: _____ Date: _____
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Please submit this completed form to the Risk Management Office. For questions contact the Risk Management at (850) 689-5977.