

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: ☐ Yes ☐ No		
PART IV: SUPERVISOR NOTIFICATION & COST					
1. Name (Print) of Supervisor: 2. Date & Time Supervisor Was Notific			3. Estima	nted Cost of Damage / Loss:	
PART V: INCIDENT DECRIPTION & 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:		2. Department Dir	ector:		
N (D: A)		N (D : 1)	Name (Print):		
Name (Print):		Name (Print):			
Signature:	Date:	Signature:		Date:	
Please submit this completed form to the Risk Management Office. For questions contact the Risk Management					
at (850) 689-5977.					