

## INCIDENT / DAMAGE / VANDALISM REPORT

To be completed & submitted to the Risk and Safety Depts. within 24 hrs.  
 (cc a copy to Admin. Services)  
 (cc a copy to M&O only if repairs are needed)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

School: \_\_\_\_\_

Person(s) Notified: \_\_\_\_\_

District Employee Name: \_\_\_\_\_

### DAMAGE/VANDALISM

Building, Room Number: \_\_\_\_\_

Window (s) \_\_\_\_\_ Door(s) \_\_\_\_\_ Graffiti \_\_\_\_\_ Equipment \_\_\_\_\_ Other \_\_\_\_\_

Comments/Additional Information (police report #, deputy's name, etc):

\_\_\_\_\_

\_\_\_\_\_

Please list all items that were damaged/stolen. Also, please list all items that were purchased for repairs and submit copies of all receipts.

Item	Make	Serial #	Est. Cost	Missing/Damaged	Total Cost of man hours

### INCIDENT

Who: \_\_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

Witness: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR DISTRICT USE ONLY:

**CSSA Incident Report #** \_\_\_\_\_

**Claim submitted to insurance?**     Yes     No

