

Must submit completed form to the Office of Safety within 24-hours (one business day) of incident.

Please fill in ALL fields. If a field doesn't apply, please type in 'N/A'.

Type of Incident: Personal Property University Property

Person completing form: Last name: _____ First name: _____ Phone: _____

Date incident occurred: _____ Time: _____ A.M. P.M.

Date employer was notified: _____ Who was notified? _____

COMPLETE THIS PART OF FORM FOR ALL INCIDENTS INVOLVING LOSS OR DAMAGE TO PROPERTY

What was lost or damaged: _____

Owner of lost or damaged property: _____

Owner's address (include city, state, zip code): _____

Phone: _____ Email: _____

Address, building name, location of incident: _____

Was any State property lost or damaged: Yes No

Was Law Enforcement notified? Yes No

Name of Law Enforcement Agency: _____

Where can the damage be seen? _____

Were photos taken? Yes No *Send photos to: UND.safety@UND.edu*

Weather: Clear Raining Snowing Other: _____

Brief description of incident: _____

What can be done to prevent a reoccurrence of this incident? _____

The above information on this report is accurate based on my knowledge of the incident,

Signature _____ Date _____

Supervisor's signature _____ Date _____

Supervisor's printed name _____

Office of Safety _____ Date _____

THIS FORM MAY BE SUBMITTED WITHOUT SUPERVISOR SIGNATURE TO ENSURE FORM IS RECEIVED WITHIN REQUIRED ONE-BUSINESS DAY NOTIFICATION. SUPERVISOR SIGNATURE CAN THEN BE OBTAINED AND THE FORM RESUBMITTED.

Save and email this form to und.safety@email.und.edu and your supervisor for review and signature.