

UND INCIDENT REPORTING FORM FOR PROPERTY



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 – If yes, send photos to: UND.safety@UND.edu

Weather: ☐ Clear ☐ Raining ☐ Snowing ☐ Other: _____

Brief description of incident: _____

Estimated cost of damage or repairs: _____

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

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

Signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Supervisor's printed name: _____

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.

NOTIFY UND OFFICE OF SAFETY IMMEDIATELY (WITHIN 24 HOURS) FOR ALL INCIDENTS RESULTING IN PROPERTY DAMAGE 3851 Campus Road Stop 9031 Grand Forks, ND 58202 Tel: 701.777.3341 Fax: 701.777.4132 Email: UND.safety@UND.edu.