

# TRUMAN STATE UNIVERSITY

## UNIVERSITY BUILDINGS, FACILITIES, AND FIXTURES DAMAGE REPORT

**INSTRUCTIONS:** All damage to or destruction of ANY University-owned or leased building or facility or its equipment, machinery, furniture and fixtures, hereinafter referred to as "contents"; from any cause, including **FIRE**, is to be reported on this form. The contents referred to above must be that which is essential to the operations or use of a building or facility and does not include tools, supplies or other expendable items. The form is to be typed, completed, signed by the Department Chair or appropriate Staff Supervisor, and forwarded to the Controller **WITHIN TWENTY-FOUR HOURS AFTER THE OCCURRENCE OF THE DAMAGE**. \*There is a blank page at the end of this form if you need additional space for information. The Department of Public Safety is available for consultation and guidance in completion of this form.

1. DATE OF REPORT	2. <span style="margin-left: 100px;">ON CAMPUS</span> <span style="margin-left: 100px;">OFF CAMPUS</span>		
3. DATE DAMAGE OCCURRED	4. BUILDING OR FACILITY IN WHICH DAMAGE OCCURRED (Include room No. or otherwise describe exact location.)		
5. WAS PHYSICAL PLANT DEPARTMENT NOTIFIED OF DAMAGE? YES                      NO		6. DID DAMAGE CAUSE INTERRUPTION OF NORMAL USE OF BUILDING OR FACILITY DESCRIBED IN ITEM 4 ABOVE? YES                      NO	
7. INDICATE THE PORTION OF THE BUILDING AND/OR CONTENTS DAMAGED AND THE EXTENT OF DAMAGE.			
ESTIMATE COST OF DAMAGE \$		I have personally taken photos of the damaged property. I have arranged for the Department of Public Safety to take photos of the damaged property.	
8. DESCRIBE HOW DAMAGE OCCURRED.			
9. STATE WHAT CORRECTIVE MEASURES HAVE BEEN TAKEN OR WILL BE TAKEN IN THE IMMEDIATE FUTURE TO HELP PREVENT SIMILAR DAMAGE.			
10. NAME(S) AND ADDRESS(ES) OF ANYONE SUSTAINING BODILY INJURIES AS A RESULT OF THE DAMAGE AND THE EXTENT OF SUCH INJURIES.			
11. IF DAMAGE WAS CAUSED BY FIRE, COMPLETE A THROUGH H			
A. WAS BUILDING EVACUATED? YES                      NO		B. TIME FIRE DISCOVERED	C. NAME OF PERSON WHO DISCOVERED FIRE
			D. WERE EXTINGUISHERS/FIRE HOSES USED? YES NO NONE AVAILABLE
E. WAS FIRE DEPARTMENT CALLED? YES                      NO TIME CALLED:		F. NAME OF PERSON WHO CALLED FIRE DEPARTMENT	G. WAS FIRE ALARM ACTIVATED? YES NO NONE AVAILABLE
H. INDICATE ORIGIN OF FIRE IF DIFFERENT THAN THE LOCATION WHERE IT WAS DISCOVERED.			
12. SUBMITTED BY: (Typed name of Dept. Chair or Staff Supervisor)		13. DEPARTMENT NAME AND ADDRESS	
14. DEPARTMENT TELEPHONE NUMBERS		15. SIGNATURE OF DEPARTMENT CHAIR OR STAFF SUPERVISOR	

ADDITIONAL NOTES: