Report No.

(RM use)

	REPORT OF LOSS OR	ATE OF HAWAII DAMAGE OF SI sk Management)	ATE PROPERTY	
DEPARTMEN	т:			
UNIT/SCHO	OL:			
1. TYPE	OF LOSS (): Theft Storm	Fire/Arson Other		
			cify)	
2. DATE	INCIDENT DISCOVERED		TIME	A.M./P.M.
3. DATE	INCIDENT OCCURRED		TIME	A.M./P.M.
4. HOW W	AS LOSS DISCOVERED?			
5. WHO D	ISCOVERED LOSS?		TITLE	
6. WHO I	S RESPONSIBLE FOR PROPERTY?		TITLE	
BUILDING	THAT ARE INVOLVED IN THE LOSS. AND ROOM NUMBER WHERE THE PROPEN OMPLIED WITH IN ORDER TO VERIFY	RTY WAS LOCATED, IF	APPLICABLE. NOTE	
8. IF CR	IME SUSPECTED:			
a. W	HERE ENTRY MADE(Building & ro		ANNER (window/doo	r/louvre/etc.)
b. S	ECURITY	TYPE OF SYSTE	M (Window/gate/alar	m/lights/etc.)
C. I E D	NCIDENT REPORTED TO LOCAL POLICI ADGE NUMBERATE	E: NAME STATION TIME		
9. OTHER	PERTINENT INFORMATION			
I CERTIFY	THAT THE ABOVE IS TRUE AND CORE	RECT TO THE BEST OF	MY KNOWLEDGE.	
Signature	Phor	ne No.	Date	

(RM use)

STATE OF HAWAII SUPERVISOR'S REPORT OF LOSS OR DAMAGE OF STATE PROPERTY

(Risk Management)

GEN	ERAL DESCRIPTION OF PROPERTY LOST OR DAMAGED:		
BUI	LDING & ROOM NO	\$	TOTAL
A N A L Y	WHAT ACTS, FAILURE TO ACT AND/OR CONDITIONS CONTRIBUTED N	MOST DIRECTLY TO	THE LOSS?
S I S	WHAT ARE THE BASIC OR FUNDAMENTAL REASONS FOR THE EXISTEN CONDITIONS?	NCE OF THESE ACTS	3 AND/OR

LOS	S SEVERITY POTENTIAL: PROBABLE RECURRENCE RATE:
	MAJOR SERIOUS MINOR FREQUENT OCCASIONAL RARE
P R E	WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? LIST ALL ACTIONS IN ORDER.
V E N T	2.
I O N	3.
	4.
	GIVE DATE OF IMMEDIATE ACTION TAKEN. GIVE DATE WHEN ACTION COMPLETED. IMMEDIATE ACTION 1. 2. 3. 4.

INVESTIGATED BY:			REVIEWED BY:			
SUPERVISOR	DATE	PHONE #	RISK MGMT. COORDINATOR	DATE	PHONE #	

NOTE: IN ORDER TO RECEIVE REIMBURSEMENT, PARTS 1, 2 AND 3 MUST BE COMPLETED.

EVALUATION

LIST	OF	PREVENTIVE	ACTIONS	NOT	IMPLEMENTED	AND	REASONS	
			(Risk Ma	nage	ment)			

STATE OF HAWAII

Action		
<u>No.</u> *		REASON
<u> </u>		
* From	Part 2 - Pre	evention
-		

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