

PRINT LEGIBLY OR TYPE

STATE OF HAWAII
REPORT OF LOSS OR DAMAGE TO STATE PROPERTY

DEPARTMENT: _____ UNIT/SCHOOL: _____

DIVISION: _____ ISLAND: _____

1. TYPE OF LOSS: Theft Burglary-Entry Cash Loss Vandalism Fire/Arson
 Storm Water Damage Other If "Other", Specify: _____

2. DATE INCIDENT DISCOVERED: _____ TIME: _____ AM PM

3. DATE INCIDENT OCCURRED: _____ TIME: _____ AM PM

4. DESCRIBE WHAT OCCURRED:

5. HOW WAS LOSS DISCOVERED?

6. WHO DISCOVERED LOSS? _____ TITLE _____

PHONE #: _____ EMAIL: _____

7. WHO IS RESPONSIBLE FOR PROPERTY? _____ TITLE _____

PHONE #: _____ EMAIL: _____

8. ANY OTHER PERTINENT INFORMATION?

9. COMPLETE IF A CRIME IS SUSPECTED: FORCED ENTRY? YES NO

A. WHERE ENTRY MADE: _____ MANNER: _____
 (Building & room number) (Window/door/louvre/etc.)

B. SECURITY: _____ SECURITY RPT #: _____
 (Fire/burglar/patrol/etc.)

C. POLICE OR FIRE REPORT? YES NO IF YES, #: _____ DATE COMPLETED: _____

D. ARE THERE ANY SUSPECTS? YES NO IF YES, PROVIDE INFORMATION ON SUSPECTS, IF KNOWN:

10. ESTIMATED AMOUNT OF THE LOSS: \$ _____

11. GENERAL DESCRIPTION OF THE LOST OR DAMAGE PROPERTY (Example: Dell laptop, mouse, power cord)

12. BUILDING & ROOM NO. WHERE PROPERTY WAS LOCATED:

PROPERTY REPORT

ANALYSIS

WHAT ACT, FAILURE TO ACT OR CONDITION(S) CONTRIBUTED MOST DIRECTLY TO THE LOSS?
(Example: This was a theft from a car. Employees should not leave valuables in clear view in an unattended vehicle)

WHAT ARE THE BASIC REASONS FOR THE ACT/FAILURE OR CONDITION?

PREVENTION

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? LIST ALL ACTIONS IN ORDER.

- 1.
- 2.
- 3.
- 4.

GIVE DATE OF WHEN EACH ACTION WAS OR WILL BE COMPLETED:

1. _____ 2. _____ 3. _____ 4. _____

LOSS SEVERITY POTENTIAL:

MAJOR SERIOUS MINOR

PROBABLE RECURRENCE RATE:

FREQUENT OCCASIONAL RARE

ATTACH A COPY OF THE DETAIL INVENTORY OF PROPERTY REPORT OR OTHER DOCUMENTS AND INDICATE THE ITEMS THAT ARE INVOLVED IN THE LOSS. IN ADDITION, INDICATE NEXT TO EACH ITEM THE BUILDING AND ROOM NUMBER WHERE THE PROPERTY WAS LOCATED, IF APPLICABLE. NOTE: THIS DOCUMENTATION IS REQUIRED IN ORDER TO VERIFY THE EXISTENCE OF THE PROPERTY.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Supervisor Signature

Name

Date

Job Title

Email

Work Phone

REVIEWED BY: _____ EMAIL: _____
(Risk Management Coordinator)

PHONE: _____

DATE: _____