



DAMAGE/LOSS REPORT

LL# 108347

Date of Report dd/mmm/yyyy

1. SCHOOL: Other

2. DATE/TIME OF INCIDENT: OR Between and

3. INCIDENT DISCOVERED BY: Principal Teacher Student Custodian Police Night Patrol

Other (specify)

Empty box for specifying other incident details.

Action Taken:

Empty box for describing actions taken.

4. TYPE OF INCIDENT: Fire Theft/Loss Damage Vandalism Unsatisfactory Rental Supervision

Break In Method of Entry

5. ASSESSMENT OF INCIDENT (a) Witnessed - No Yes

Name(s) of witness(es):

(b) Accidental Normal Wear Irresponsible (Horseplay) Wilful (Deliberate) Theft/Loss With Damage Theft/Loss With No Damage

6. SUSPECTED PERSONS: (a) Unknown Students Staff Others (specify)

(b) Rental Participant*: Parks & Recreation Educational Others (specify)

Name of Program: Number of Participants:

Number of Rental Group Supervisors

7. LOCATION OF DAMAGE/LOSS: Main Building Annex Portable

(a) INTERIOR: Cafeteria Classroom(s) Name and/or Room Number(s) Staff Room

General Offices Corridors Entranceways Washrooms: Boys Girls Power Plant

Home Ec Industrial Arts Gymnasium Library Other (specify)

(b) EXTERIOR: Entranceways Parking Lot Playground Lawns Sidewalks Walls Roof

Others (specify)

Empty box for specifying other location details.

8. ITEMS DAMAGED/MISSING: Building Equipment Furniture Fixtures Glass Doors

Others (specify)

Empty box for specifying other damaged items.

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9. DESCRIPTION OF DAMAGE/LOSS OR UNSATISFACTORY RENTAL SUPERVISION:

Attach additional sheet of paper if more space is needed.

10. ACTION BY CUSTODIAN:

Date _____ Custodian's Signature _____

*Rental Supervisor's Signature _____

FOR MAINTENANCE OFFICE USE ONLY:

WORK ORDER(S) ISSUED: Numbers _____ Date _____

REPORT NO: _____