

Facilities Operations Information Form
(This information is used by DSRM for claim filing purposes)



Date of Incident: _____
Location of Incident: (Building) _____

Department: _____

Description of Loss: _____

The following documentation is requested by Safety & Risk Management from Facilities Operations:

- | | |
|--|---|
| <input type="checkbox"/> Engineers Report | <input type="checkbox"/> Copy of PP Work Order |
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Equipment Invoices/Documents |
| <input type="checkbox"/> Copy of Inspection | <input type="checkbox"/> Estimates for _____ |
| <input type="checkbox"/> Location of Damaged Equipment | _____ |

Damage Assessment: (write below or attach a copy- please print) **Describe the event & the cause.**

What immediate course of action has been taken to initiate repairs or make the damaged area secure until all work is completed? _____

Physical Plant Representative _____
Date _____ Phone _____

Return form to Safety & Risk Management Phone: (404) 651-4320 Fax: (404) 651-4319

To be completed by DSRM	<input type="checkbox"/> Property	<input type="checkbox"/> Liab	<input type="checkbox"/> Subrogation
Claim # _____	Date Rec: _____	Sign: _____	
Addtl. Doc req: _____		DOAS Date: _____	