

Georgia State University
Property Damage Report Form

Claim #	
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Department: _____

Employee: _____ Phone No: _____

Fax No: _____

Person to Contact for Additional Info: _____

Date of Incident: _____ Time: _____ AM PM

Location of Incident: (Bldg) _____ Room: _____

Type of Loss: Property Damage Vandalism Fire
 Water Damage/Theft Other _____

Description of How Incident Occurred:

Description of Property Damage:
(List items with GSU Property number, serial number, model number)

Witnesses Names & Addresses:

(Check one in each column below:)
 Estimate Replacement Cost \$ _____
 Invoice Repair Cost \$ _____

Bills Attached: Yes No

****For Transient State Property Only:** Has the Transient State Property Form been submitted to SRM? Yes No

Employee Filing this report _____ Date _____ Phone _____

Return this form to Safety & Risk Management 34 Broad Street, Suite 1200.
Fax: (404) 651-4319

To be completed by Facilities Operations:	
Date first notified of incident	_____
Facilities Operations staff to oversee repairs/replacement	
Name: _____	Phone: _____