

UNIVERSITY OF CALIFORNIA, BERKELEY
OFFICE OF RISK SERVICES
2130 CENTER STREET, MAIL CODE 4208
PHONE: (510) 642-5141 FAX: (510) 643-0281
EMAIL: risk@berkeley.edu

PROPERTY LOSS REPORT

*Email, fax or send completed report to Office of Risk Services
Fill in all applicable blanks*

Division: _____ Dept: _____ Date: _____

1. Date of Loss: _____ Time: _____

Location of Loss: _____

2. Property Description: _____

Project Name: _____ Project Number: _____

Department Contact: _____

Name

Address

Phone

Property # _____ Serial# _____ Estimated Value \$ _____

3. Cause of Loss/ Damage: _____

4. Was someone else responsible for this damage? Please include name and contact information: _____

5. Action Requested : Repair Replacement Only Report Estimated Cost \$ _____

6. Documents Required: Photographs Service Report Police Report

a. If repairing: Repair estimate

b. If replacing: Original purchase order Replacement quote

7. Police Agency, if reported: _____ Police Report # _____

8. Department Name and Account # _____

[Fund]-[Dept]-[ID]-[Prog]- (etc...)

9. Loss/Damage Reported by: _____ Title _____

11. Additional Comments: _____