CPVA PROPERTY LOSS AND INCIDENT REPORT

1. **All emergency situations and theft should be reported immediately by dialing 911.** Dialing 911 on-campus connects you to our campus dispatcher who is able to notify appropriate emergency personnel – police/ambulance/fire etc.

2. If the incident involves injury of a university employee (including student workers) that could be a worker's compensation claim the Human Resources Department (351-2718) should also be contacted and a UNC Employee Injury or Illness Report Form (http://www.unco.edu/hr/forms/pdf/Injury_illness.pdf) should be completed and returned to Human Resources.

3. If the incident involves a student or visitor and there is reason to believe the university may be held liable for the injury/loss the Human Resources Office should also be notified (351-2718) and a UNC Property Claim Form completed and returned to the Human Resources Office.

4. Complete the CPVA Property Loss & Incident Report. The completed report should be turned into the Director of the appropriate School and a copy should be submitted to the Dean's office. All reports should be sent within 24 hours of the incident when possible. **All major incidents or any incident that could be of legal concern must be reported to a supervisor or director immediately following the incident.**

Date of incident/loss: _____ Time of incident/loss: _____am/pm

Location of incident/loss: _____

School of (Circle): Music Theatre Arts & Dance Art & Design

ACTION TAKEN (Check all that apply)

_____ Called 911 _____ Notified supervisor or other staff member

_____ Called campus police - Case#_____ (if issued)

_____ Provided First Aid: Name of Provider _____

Was this a Special Event, if yes please list: _____

DESCRIPTION of Loss/Incident, Extent of Damage, and Action Taken:

_____

_____

_____

_____

_____

_____

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INJURY INFORMATION

Type/Extent of Injury Known & treatment provided:_____

_____

Name of Injured Party: _____

Classification (circle one): Student Faculty Staff Other

Address: _____ City, State, Zip: _____

Telephone: _____

Please indicate if the Human Resources office has been notified for faculty/staff/or student worker injury ___Yes ___No

REPORT COMPLETED BY: Name: _____

Date:_____ Phone#: _____