

**BOARD POLICY GOV-37 SECURITY: PROPERTY DAMAGE, THEFT, BREAK-IN
JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD**

Property Loss or Damage Report

SECTION 1: To be completed immediately following the occurrence. Complete Section III to the extent possible and forward to the facilities manager.

Date of Occurrence: _____ **Estimated Time** _____

Of Occurrence

Type of Loss: Burglary ___ Vandalism ___ Fire ___ Accidental ___

Other: (please specify)

Means of Entry: (if applicable) _____

Description of Loss/Damage: _____

Estimated Total Cost of Loss/Damage: (see Section III for details) \$ _____

Were the Police called? Yes or No

If "yes" please provide name and Police Incident No. _____

SECTION II: (Board Office Use)

Approved Claim: Yes or No

If "No" please provide reason: _____

Actual Cost of Loss/Damage \$ _____ **Recoverable** (if applicable) \$ _____

Ins. Company Claim No. (if applicable) _____ **Total Loss/Damage** \$ _____

APPROVAL- FINANCE AND HR ADMINISTRATOR

DATE

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SECTION III: To be completed by the principal and/or facilities manager.

CLAIM FOR LOSS OR DAMAGES

QUANTITY	DESCRIPTION	PURCHASE ORDER NO.	REPLACEMENT COST

MAINTENANCE & CUSTODIAL COSTS

EMPLOYEE NAME	HOURS WORKED	RATE	WAGE COST

CONTRACTOR CHARGES

COMPANY NAME	TYPE OF WORK PERFORMED	P.O. #	COST

PRINCIPAL'S SIGNATURE

FACILITIES MANAGER

Attach Purchase Orders or other relevant materials if available.

PLEASE NOTE: Related documentation may be forwarded subsequently if it is not available when the Form is completed.