UNIVERSITY OF MISSOURI
DAMAGE REPORT

INSTRUCTIONS: All damage to or destruction of ANY University-owned or leased building or facility or its equipment, machinery, furniture and fixtures, hereinafter referred to as "contents"; from any cause, including **FIRE,** is to be reported on this form. The contents referred to above must be that which is essential to the operations or use of a building or facility and does not include tools, supplies or other expendable items. The form is to be typed (original only), signed by the Department Chairman or Administrative Head and forwarded to the appropriate campus office **WITHIN TWENTY-FOUR HOURS AFTER THE OCCURRENCE OF THE DAMAGE.** (See UM Business Policy Manual Section 7.03, Damage to University Property (including Fire).

1. DATE OF REPORT	2. CAMPUS ☐ COLUMBIA ☐ KANSAS CITY ☐ ROLLA ☐ ST LOUIS ☐ UMCHC ☐ UNIVERSITY-WIDE ☐ HOSPITAL
3. DATE DAMAGE OCCURRED	4. BUILDING OR FACILITY IN WHICH DAMAGE OCCURRED (Include room No. or otherwise describe exact location.)
5. WAS PHYSICAL PLANT DEPARTMENT NOTIFIED OF DAMAGE?	6. DID DAMAGE CAUSE INTERRUPTION OF NORMAL USE OF BUILDING OR FACILITY DESCRIBED IN ITEM 4 ABOVE? ☐ YES ☐ No

7. INDICATE THE PORTION OF THE BUILDING AND/OR CONTENTS DAMAGED AND THE EXTENT OF DAMAGE.

ESTIMATE COST OF DAMAGE

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B. DESCRIBE CAUSE OF HOW DAMAGE OCCURRED.

9. STATE WHAT THE DEPARTMENT HAS DONE, OR WHAT IT WILL DO IN THE IMMEDIATE FUTURE, TO HELP PREVENT SIMILAR DAMAGE.

10. NAME(S) AND ADDRESS(ES) OF ANYONE SUSTAINING BODILY INJURIES AS A RESULT OF THE DAMAGE AND THE EXTENT OF SUCH INJURIES.
(Form UM WC-1 or UM 200 must also be completed.)

11. IF DAMAGE WAS CAUSED BY FIRE, COMPLETE A THROUGH H

A. WAS BUILDING EVACUATED?	B. TIME FIRE DISCOVERED	C. NAME OF PERSON WHO DISCOVERED FIRE	D. WERE EXTINGUISHERS/FIRE HOSES USED?
☐ YES ☐ NO			☐ YES ☐ NO ☐ NONE AVAILABLE

E. WAS FIRE DEPARTMENT CALLED?	F. NAME OF PERSON WHO CALLED FIRE DEPARTMENT	G. WAS FIRE ALARM ACTIVATED?
☐ YES ☐ NO TIME CALLED:		☐ YES ☐ NO ☐ NONE AVAILABLE

H. INDICATE ORIGIN OF FIRE IF DIFFERENT THAN THE LOCATION WHERE IT WAS DISCOVERED.

12. SUBMITTED BY: (Typed Name of Dept. Chairman or Admin. Head)	13. DEPARTMENT NAME AND ADDRESS
14. DEPARTMENT TELEPHONE NUMBERS	15. SIGNATURE OF DEPARTMENT CHAIRMAN OR ADMINISTRATIVE HEAD