



Audit & Risk Management, K07
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http://www.usyd.edu.au/risk

DEPARTMENT NAME: BUILDING CODE:

FACULTY: COLLEGE:

DATE & TIME OF LOSS / DAMAGE:

LOCATION OF LOSS & BUILDING No:

Description of property lost / damaged	Date of Purchase	Cost of Replacement / Repair

*The replacement item or any repairs made should render item to an equivalent standard to the original immediately before the loss. However the department may improve upon the equipment at their own cost. **Further items can be added see page 2.***

DESCRIBE CIRCUMSTANCES OF LOSS / DAMAGE: (eg. Whether another party was responsible for loss / damage; if burglary, include how entry was gained and details of forced entry. **Further comments can be added see page 2)**

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TO WHAT EXTENT WERE THE ITEMS PROTECTED FROM LOSS / DAMAGE

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WHAT MEASURES WILL BE TAKEN TO PREVENT LOSS / DAMAGE FROM RECURRING?

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IF THEFT / BURGULARY: POLICE STATION NOTIFIED:EVENT NUMBER:

CLAIM FORM COMPLETED BY : Signature:

PHONE NO: EMAIL ADDRESS:

HEAD OF DEPT
OR AUTHORISED OFFICER:Signature:

DATE:

ACCOUNT TRANSFER DETAILS: R/C CODE: PROJECT CODE:.....

