

**Attachment-A
General Liability Report – Property Damage and Loss**

Facility name: _____

Address: _____

How did damage or loss occur? _____

Description and value (\$) of damaged lost/stolen property: _____

Location of damaged/lost/stolen property (before loss): _____

Were pictures taken? No _____ Yes _____

Were police notified? No _____ Yes _____ Department _____

Date/time/loss/theft: Date: _____ Time: _____ AM _____ PM _____

Owner of damaged/lost/stolen property: _____

Phone No.: (_____) _____

Address: _____ City: _____

Employer and address: _____

Injured parties: (Also complete a *Supervisor's Employee Injury Report* if FA Industrial Services, Inc. employee.)

1. Name: _____ Phone No. (_____) _____

Address: _____ City: _____

Employer and address: _____

2. Name: _____ Phone No. (_____) _____

Address: _____ City: _____

Employer and address: _____

Witnesses:

Name: _____ Phone No. (_____) _____

Address: _____ City: _____

Employer and address: _____

**All break in's must be reported to the local Police regardless of the theft.
FA Industrial Services, Inc. does not provide coverage for employee owned tools.**

Completed by:

Print Name Signature Date