



Incident Number: _____

Supplemental Property/Equipment Form

Incident Date/Time: _____ Location: _____

Contact Person: _____ Dept./Division: _____

City Repair/Replacement Contact: _____

- Was an Incident Analysis Form (IAF) completed? Yes No, but will soon.
- Were photos taken? Yes No
- Repair/replacement estimate attached? Yes No, but will soon. N/A (Estimate <\$1000)

City Property/Equipment Information

Property Address: _____

Equipment Description: _____

Equipment Number: _____ Serial Number/License: _____

Description of Damage: (What specifically needs to be replaced or repaired?)

Completed By: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

HR/Risk Use:

Date HR/Risk Notified: _____ Incident Number: _____