



Health, Safety and Environmental

P.O. Box 43646 • Lafayette, LA 70504-3646

Office: (337) 482-1840

Fax: (337) 482-5830

Université des Acadiens

Please use the form below to report damage to University buildings, contents, art, equipment as soon as reasonably possible to ensure a swift response Risk Management. If a loss is an emergency or repair cost is expected to exceed \$7,500, please contact me at 337-482-1049 or the manager on call/trouble crew at 337-482-6440 (after hours). Do not delay in submitting a claim if the information is incomplete, as missing information can be provided later.

Contact Information:

Department Name _____

Person filing the claim _____

Department Contact E-mail _____

Department Phone _____

Secondary Department Contact _____

Secondary Department Contact Email _____

Location of Loss Information:

Building _____

Location is on Main Campus? ☐ YES ☐ NO

Room # _____

Address _____

City _____

State _____

Zip _____

Date of Loss _____

Time of Loss _____

Loss Description Information:

Cause of Loss:

Description of Loss:

Please use this field to provide additional information on how the incident occurred (*cause*):

Proactive Measures already taken:

Was Emergency Maintenance contacted? ☐ YES ☐ NO

If so, what time? _____

Was Restoration Services required and called out (current approved state restoration vendor responded)?

☐ YES ☐ NO

If so, what was the arrival time? _____

File Attachments:

Please attach photos, equipment inventory records, and other related documents. Include applicable StarRez or TMA Work Order Number(s) _____

Please provide an estimated cost of replacing or repairing damaged equipment/property, it will be used to assist Risk Management in the budgeting process. _____

Police Report Filed, (if applicable) ☐ YES ☐ NO

Police Report # _____

If you have any questions, please contact Carl Taz Wininger at 337-482-1840 or safety@louisiana.edu

Data submitted: _____

REMEDIATION VENDOR CONTACT LOG

If the Primary Vendor does not respond or cannot respond within a reasonable timeframe, complete the information below. List each vendor called, including the responsive vendor.

[illegible]