

West Central Abilities Inc.
DAMAGE REPORT

This report will be completed by staff when damage(s) has occurred to WCA's property, (equipment, furnishings, or vehicle – apart from a vehicle accident, etc.) and/or a client's personal property.

Damages which require emergency repairs must be reported immediately to the direct manager. In the event the manager is deemed unreachable the employee will contact the Emergency On Call personnel. The Executive Director or designate will be informed of any emergency repairs as soon after damage has occurred or as is reasonably possible, or upon the office opening. Managers will record any emergency repair work they have authorized, or any alternate arrangements they made to have the repairs completed.

All reports will be done in printing, with a written signature of the writer. The Managers will make arrangements to rectify damages and ensure repairs or replacement processes are completed.

If needed managers will consult with the Executive Director or Program Coordinator when it is outside of the managers' authority, as per policy, or includes alterations to the premises or are of a permanent nature.

Once all repairs/replacements are conducted, the manager will submit completed damage report into the office, including all relevant information, forms, billing, quotes, etc.

Description of the damaged item(s), and who it belongs to: _____

Date damage occurred or noticed: _____

Location/Facility: _____ Time: _____

Describe in detail on how the damage happened (report serious incidents/accidents to the manager/supervisor immediately): _____

What immediate action was taken by the employee to lessen the extent of the damages:

Emergency repairs required: _____ Yes, _____ No

Who authorized repairs/replacements: _____
(print name and their position)

What damage prevention actions were missed and why: _____

Who was this reported to: _____ When: _____

This area is for the Manager to report on the processes and outcomes of the repair, replacement or other procedures applied.		
Emergency repairs performed when and completed by who: _____ _____ _____ _____		
Item(s) replaced and inventoried:		
Managers' outcome report/what was done to rectify the damages: _____ _____ _____ _____ _____		
Was damage(s) a result of an incident requiring investigation, if yes complete and attach Appendix 4SAIR - Supervisor's Accident Investigation Report	Yes	No
If "No" why not:		
Reporting Manager: _____		Date: _____

 Reporting Employee

 Date

 Manager

 Date

 Executive Director/Program Coordinator

 Date