

VANDALISM REPORT

 Number _____

DIRECTIONS: Make out in Triplicate

Building Name _____ Number _____ Date of Report _____

Hour and Date of Incident _____ A.M. P.M.
Month Day Year

TYPE OF INCIDENT:

1. Vandalism 2. Theft 3. B & E & Theft 4. B & E 5. Other _____

If B & E, Explain where and how _____

IMMEDIATE ACTION TAKEN:

Called Police Called Fire Called Buildings & Grounds Called Building Administration
 Follow up for Restitution Other _____

* If person is known, identify _____

● Police Report # _____

LIST ITEMS STOLEN (Model, Make, Serial No.)

LIST ITEMS DAMAGED (Sizes, Description, Etc.)

IF ADDITIONAL SPACE IS REQUIRED, PLEASE LIST ON EXTRA SHEETS AND ATTACH HERETO.

ESTIMATED COST BY HEAD CUSTODIAN

* TO BE DONE IMMEDIATELY

Material (Equipment) Replacement \$ _____

Labor \$ _____

Overhead (25% of Labor) \$ _____

TOTAL \$ _____

PERTINENT: Work Order # _____ Or Purchase Order # _____

Principal Signature & Date _____

Head Custodian Signature & Date _____

Supervisor Signature & Date _____