

Follow-Up Report of Critical Event Notification Form

Report can only be completed by designated Facility Safety Coordinator (FSC), Provider Management, enter/Location Manager or Supervisor. Add additional pages as needed.

Part 1. Location Information	
Date of Report: / /	Center/Location Name: Location Address:
Date Damage Occurred: / /	Name of Service Provider/Operator: Facility Safety Coordinator (FSC):

Part 2. Key For Damage Category (Use appropriate letter(s) in the "Category" blocks below):			
A. Structural damage	B. Structural collapse	C. Power outage	D. Electrical hazard
E. Building access restricted	F. Debris hazard	G. Broken glass hazard	H. Sewage hazard
I. Flood/Water hazard	J. Damage to equipment	K. Other:	L. Other:
Has the building management been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, contact person:	
Telephone number:	() -	Fax Number:	() -

Part 3. Critical Event/Damage Report	
A. Damage Category	Did/Will damage cause interruption of normal use of building to facility described above?
Description and cause of damage:	
Indicate the portion of the building and/or contents damaged and the extent of damage:	
B. Damage Category	Did/Will damage cause interruption of normal use of building to facility described above?
Description and cause of damage:	
Indicate the portion of the building and/or contents damaged and the extent of damage:	
C. Damage Category	Did/Will damage cause interruption of normal use of building to facility described above?
Description and cause of damage:	
Indicate the portion of the building and/or contents damaged and the extent of damage:	
D. Damage Category	Did/Will damage cause interruption of normal use of building to facility described above?
Description and cause of damage:	
Indicate the portion of the building and/or contents damaged and the extent of damage:	

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Part 4. Authorizing Signature/Distribution	
<u>Critical Event Notification Certification:</u> I hereby certify that the above damage assessment(s) is accurate to the best of my personal knowledge.	
Name (Print)	Signature
/ /	
Date of Completion	Distribution: 1- Copy to ECO/Facilities Administrator 2-Copy to Assigned Contract Officer 3-Copy to Building Management 4-Copy for Corporate File, if necessary