

University of Alberta Museums
Damage Report Form

Date of Report _____

Unit: _____

Registered Collection Name: _____

Name and title of person filing report: _____

Accession Number: _____ Object Name: _____

Object description _____

Location: _____

Date of Damage _____

Damage Due to:

Accident _____

Vandalism _____

Deterioration _____

(Water/Heat/Smoke/Mold)

Damage Estimated to be:

Irreparable _____

Requires Treatment _____

What Treatment? _____

Damage Reported to Campus Security _____ Date _____

Report Sent to Campus Security _____ Date _____

Report Sent to the Office of the Comptroller, Risk Management YES / NO

List What Physical Changes Have Occurred to the Object as a Result of the Damage

Were All the Pieces of the Object Recovered? _____ What is Missing? _____

Comments _____
