

# Vandalism and Unusual Occurrence Reference Manual May 2021

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### Submitting a Vandalism & Unusual Property Occurrence Report

All forms will now be completed using eBase and Form Logic.

In the event that you cannot access eBase then a paper copy Vandalism/ Unusual Occurrence Report (Appendix A), and or Adjudication and Approval Application Form (Appendix B) can be completed for information/tracking purposes. When eBase is again online you will submit the form online.

#### eBase Form Logic

Log-in to eBase using your administrator log-in for your school:

Website: gedsb.ebasefm.com



Select the Form Logic Module from the sidebar:



Select **Submit new form** located in the top right corner of the window:



#### Select "Vandalism & Unusual Property Occurrence Report" under Workflow.

Then select your Facility from the dropdown options.

Note: if an individual is submitting this report on behalf of the Site Administrator, they can indicate that by selecting an open under "Submit on behalf of..."

|                                | O Cancel |
|--------------------------------|----------|
| Facility Choose -              |          |
| Q                              |          |
|                                |          |
| Choose a workflow and facility |          |
|                                | ¢.       |

The new form will automatically populate, as seen below: Select submit once all required fields in the form are completed.

| Submit new form                                                                                    |                                                                                                                                                                                                 |                             | ٥                                                          | Cancel |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------|--------|
| Workflow Vandalism & Unusual Prope                                                                 | rty Occurrence Report 👻                                                                                                                                                                         | Facility                    | Facility Services Building                                 | ۷      |
| Submit on behalf of                                                                                | Q.                                                                                                                                                                                              |                             |                                                            |        |
|                                                                                                    | The Site Administrator or Designate should complete the Vandalism and to<br>responsibility of the Site Administrator or Designate to complete a report w<br>FT104 for additional details on van | thenever police are include | ed in the investigation of the incident Refer to Procedure |        |
| Type of Occurrence:                                                                                | - Choose -                                                                                                                                                                                      |                             |                                                            | ٣      |
| Date of Occurrence:                                                                                |                                                                                                                                                                                                 |                             |                                                            |        |
|                                                                                                    | Check if the date of the vandalism or occurrence is unknown                                                                                                                                     |                             |                                                            |        |
| Time of Occurence                                                                                  |                                                                                                                                                                                                 |                             |                                                            |        |
|                                                                                                    | Check if the time of the vandalism or occurrence is unknown                                                                                                                                     |                             |                                                            |        |
| Did the vandalism/unusual occurrence occur on<br>Board property?                                   | · •                                                                                                                                                                                             |                             |                                                            |        |
| Police involvement                                                                                 |                                                                                                                                                                                                 |                             |                                                            |        |
| Police Involvement                                                                                 |                                                                                                                                                                                                 |                             |                                                            |        |
| Details of Occurrence                                                                              |                                                                                                                                                                                                 |                             |                                                            |        |
| Describe what happened (upload additional pages<br>or pictures, if necessary)                      |                                                                                                                                                                                                 |                             |                                                            |        |
|                                                                                                    |                                                                                                                                                                                                 |                             |                                                            |        |
|                                                                                                    |                                                                                                                                                                                                 |                             |                                                            | -      |
| Describe the Damage and/or Articles Missing<br>(upload additional pages or pictures, if necessary) |                                                                                                                                                                                                 |                             |                                                            |        |
|                                                                                                    |                                                                                                                                                                                                 |                             |                                                            |        |
| Parties Contributing to Vandalism or Dama                                                          | ge (If under age of majority, provide DOB and parent contact information)                                                                                                                       |                             |                                                            |        |
| Are the parties contributing to the vandalism or<br>occurrence known?                              |                                                                                                                                                                                                 |                             |                                                            |        |
| Witnesses to Vandalism or Damage (If und                                                           | ler age of majority, provide DOB and parent contact information)                                                                                                                                |                             |                                                            |        |

#### Time of Occurrence/Time discovered:

Note: 15-minute interval are provided automatically in a dropdown menu. Once a time is selected, you may write over the time in order to enter an exact time.

| Time of Occurence                                                             |                                                             |  |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|--|
|                                                                               | Check if the time of the vandalism or occurrence is unknown |  |
| Time discovered                                                               | 6.55 am                                                     |  |
| Did the vandalism/unusual occurrence occur on<br>Board property?              | 1200 am                                                     |  |
| Police Involvement                                                            | 1230 am                                                     |  |
| Police Involvement                                                            |                                                             |  |
| Details of Occurrence                                                         | 100 an 115 an -                                             |  |
| Describe what happened (upload additional pages<br>or pictures, if necessary) |                                                             |  |

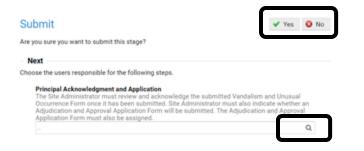
Additional photos, statements or descriptions can be uploaded at the bottom of the form:

| Attachments |                    | 1 Upload |
|-------------|--------------------|----------|
| Flerane     |                    | (Rize    |
|             | Nothing to display |          |

## Sample of Vandalism and Unusual Property Occurrence Report form

|                                                                                             | The Site Administrator or Designate should complete the Vandalism and Unusual Property Occurrence Report when such an incident occurs. It shall be the<br>responsibility of the Site Administrator or Designate to complete a report whenever police are included in the investigation of the incident Refer to Procedure<br>FTI04 for additional details on vandalism and unusual occurrence incidents. |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Occurrence:                                                                         | Vandalism v                                                                                                                                                                                                                                                                                                                                                                                              |
| Date of Occurrence:                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             | Check if the date of the vandalism or occurrence is unknown                                                                                                                                                                                                                                                                                                                                              |
| Time of Occurence                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             | Check if the time of the vandalism or occurrence is unknown                                                                                                                                                                                                                                                                                                                                              |
| Time discovered.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Did the vandalism/unusual occurrence occur on<br>Board property?                            | Yes 🗢                                                                                                                                                                                                                                                                                                                                                                                                    |
| Location of Occurrence on Board property:                                                   | Vehicle Compound                                                                                                                                                                                                                                                                                                                                                                                         |
| Police Involvement                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Police Involvement:                                                                         | Yes •                                                                                                                                                                                                                                                                                                                                                                                                    |
| Officer and Detachment                                                                      | Constable Doe Brantford Police                                                                                                                                                                                                                                                                                                                                                                           |
| Police Incident Number                                                                      | 123456                                                                                                                                                                                                                                                                                                                                                                                                   |
| Details of Occurrence                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Describe what happened (upload additional pages                                             | Enter the details here of what happened.                                                                                                                                                                                                                                                                                                                                                                 |
| or pictures, if necessary)                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Describe the Damage and/or Articles Missing                                                 | Enter the details here of the damage and/or the missing articles.                                                                                                                                                                                                                                                                                                                                        |
| (upload additional pages or pictures, if necessary)                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Parties Contributing to Vandalism or Dama                                                   | ge (If under age of majority, provide DOB and parent contact information)                                                                                                                                                                                                                                                                                                                                |
| Are the parties contributing to the vandalism or                                            | Yes •                                                                                                                                                                                                                                                                                                                                                                                                    |
| occurrence known?                                                                           | Individual's Name                                                                                                                                                                                                                                                                                                                                                                                        |
| Date of Birth:                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Mailing Address:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Telephone Number:                                                                           | (123) 456-7890                                                                                                                                                                                                                                                                                                                                                                                           |
| If under the age of majority, provide parent name:                                          |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Are there additional parties known contributing to<br>the occurrence?                       | No •                                                                                                                                                                                                                                                                                                                                                                                                     |
| Witnesses to Vandalism or Damage (If unde                                                   | er age of majority, provide DOB and parent contact information)                                                                                                                                                                                                                                                                                                                                          |
| Are there witnesses to the vandalism or damage?                                             | No v                                                                                                                                                                                                                                                                                                                                                                                                     |
| Prevention of Future Occurrences:                                                           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Describe the plan to prevent future recurrence<br>(attach additional sheet/s if necessary): | Enter the plan to prevent future recurrences                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Estimated Damage or Loss:                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Theft and vandalism rob precious dollars from ed<br>and agreement to, the process           | lucation funding. The Board will make every effort to seek restitution from the parties involved in these acts. The submission of this form by the Site Administrator or Designate / Manager will indicate acknowledgement of,                                                                                                                                                                           |
| Estimated Value of Damage or Loss                                                           | \$1,000                                                                                                                                                                                                                                                                                                                                                                                                  |
| Restitution Supported                                                                       | Yes 🗢                                                                                                                                                                                                                                                                                                                                                                                                    |
| Restitution Collected (If yes, submit to accounts                                           | Ves 🗸                                                                                                                                                                                                                                                                                                                                                                                                    |
| receivable with form)<br>Work Order                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Work Order Required?                                                                        | Yes v                                                                                                                                                                                                                                                                                                                                                                                                    |
| mans server religionar                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Attachments                                                                                 | 🧝 Upload                                                                                                                                                                                                                                                                                                                                                                                                 |
| Filename                                                                                    | L (piced                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                             | Nothing to display                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                             | Save draft Submit                                                                                                                                                                                                                                                                                                                                                                                        |

Upon submitting the form, the individual completing the form will be asked to confirm that they want to submit the form and will be asked to assign the form to a Site Administrator for review:



Once the form is submitted, a copy of the form will be sent to the Site Administrator/Principal for review.

The Site Administrator/Principal will complete the form below and submit.

| Principal Acknowledgment and Applicatio                             | tion                | Active   |
|---------------------------------------------------------------------|---------------------|----------|
| I have reviewed the vandalism and unusual<br>occurrence report      |                     |          |
| Adjudication and Approval Application For                           | Form                |          |
| Will an Adjudication and Approval Application<br>Form be submitted? | on n w              |          |
| Additional Comments:                                                | ts (                |          |
|                                                                     |                     |          |
|                                                                     |                     |          |
| Attachments                                                         |                     | 1 Upload |
| Filename                                                            | 5.0                 | T obioso |
|                                                                     | Nothing to display  |          |
|                                                                     | Save changes Submit |          |

**NOTE:** If the Site Administrator/Principal indicate that "Yes" an adjudication and approval application form will be submitted, upon submitting they must assign a staff member to complete the adjudication application. If the staff member's name is not listed, assign the application to yourself and provide a paper copy of the application for your staff to complete. Transfer their answers into the application once they have returned it to you.

Adjudication and Approval Application Form Assistance with Non-Injured Losses of Board Owned Property:

| Adjudication and Approval Application For                                        | orm Assistance with Non-Insured Losses of Board Owned Property                                           | Active 1 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------|
| School Name:                                                                     | E Choose -                                                                                               | ~        |
| Date of Occurrence:                                                              | z                                                                                                        |          |
| Location of Occurrence:                                                          | 8                                                                                                        |          |
| Reported by:                                                                     | x l                                                                                                      |          |
| Description of Item Lost / Stolen / Damaged<br>(attach second page if necessary) |                                                                                                          |          |
| Cause of Loss / Theft / Damage:                                                  | ε<br>                                                                                                    |          |
| Indicators that Due Diligence was Actively<br>Exercised to Prevent Loss / Theft  |                                                                                                          |          |
| Extensisting Circumstances:                                                      |                                                                                                          |          |
| Similar Incidents in Last Two Years:                                             |                                                                                                          |          |
| Cost to Replace / Repair Item (including tax):                                   |                                                                                                          |          |
| item is SEA Equipment (urgent need for<br>replacement):                          | Confirm that FT104 "Reporting of Vandalism & Uhusual Occurrence Incidents" procedures has been followed: |          |
| Attach Proof of Loss (pictures, receipt, purchase                                | e order, notes, etc.):                                                                                   |          |
| Attachments                                                                      | 50                                                                                                       | 1 Upload |
|                                                                                  | Nothing to display                                                                                       |          |
|                                                                                  | Save changes Submit                                                                                      |          |

Once the form is completed, the form must be submitted.

The form will then be returned to the Site Administrator/Principal for approval in support of adjudication or denial of support of adjudication.

| Completed by Manager / Principal / Super                                                        | risor               | Active | I. |
|-------------------------------------------------------------------------------------------------|---------------------|--------|----|
| Reviewed by:                                                                                    |                     |        |    |
| Date Reviewed:                                                                                  |                     |        |    |
| I have reviewed the application and found it to be<br>complete and appropriate for adjudication | . v                 |        |    |
|                                                                                                 | Save changes Submit |        |    |

#### Restitution

- a) Typical costs of Items can be found in the template below Other costs will be evaluated by Facility Services for Building and Grounds items and by Purchasing Services for Furniture and Equipment items. If an external contractor is needed to repair or remove any act of vandalism, the cost shown on the invoice plus a ten present (10%) administrative fee will be forwarded for restitution.
- b) When vandalism restitution is collected at the school level, funds are to be submitted to Accounts Receivable with the log number of the Vandalism / Unusual Occurrence Report which indicates Facility and Business Services staff do not need to pursue. The form will also be updated to indicate restitution was collected.
- c) When restitution is not obtained at the school level, and where the person responsible for the vandalism is known, the Manager of Facility Services or designate shall be responsible for advising the person responsible or their parents/guardians (where the person is a minor),

in writing, of the assessed damages and for the seeking of restitution. The notice will include information that amounts unpaid after 60 days may be forwarded to a collection agency.

- d) Business Services staff shall be responsible for creating an invoice and delivering it along with the letter notifying the parents/guardians or age of majority student from whom the Board is seeking restitution.
- e) Facility Services staff will track damage caused by vandalism through work orders and invoices and prepare reports as required for the Superintendent of Business.
- f) Occurrences which happen during the school's hours of operation and not indicated as vandalism by the Site Administrator or Designate but deemed to be such by senior management, will be chargeable to an appropriate school budget. Related restitution collected by the Board will be credited to the matching school account.
- g) In the event of a conviction in a court of law as a result of an act of vandalism, the court shall be asked to order restitution, where applicable, and the Board shall forthwith enter a judgment against the offender in the appropriate court pursuant to the relevant sections of the Criminal Code of Canada.

| Restitution Templ    | ate                                              |                                                     |                                      |                                                                                                                                             |                                                                                                            |                                             |                                                                                      |
|----------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------|
| AREA OF<br>VANDALISM | TYPE OF DAMAGE                                   | Cost of<br>Replacement Glass<br>(subject to change) | Cost of Parts<br>(subject to change) | Custodial Labour<br>(Rates will be adjusted annually or as<br>required)                                                                     | Maintenance Labour<br>(Rates will be adjusted annually or as<br>required)                                  | Administration Fee                          | Total Charges                                                                        |
| CEILING TILES        | Broken, Missing                                  |                                                     | \$15/tile                            |                                                                                                                                             |                                                                                                            |                                             |                                                                                      |
|                      | Door Closures                                    |                                                     | \$300                                |                                                                                                                                             |                                                                                                            |                                             |                                                                                      |
|                      | Locksets - Knob 63K                              |                                                     | \$400                                |                                                                                                                                             |                                                                                                            |                                             | ST                                                                                   |
| DOORS                | Heavy Duty Lever<br>Handle                       |                                                     | \$500                                |                                                                                                                                             |                                                                                                            | lism.                                       | Total of Glass Cost + Part Cost + Custodial + Maintenance + Administration Fee + HST |
|                      | Crashbar/Panic<br>Hardware                       |                                                     | \$600                                |                                                                                                                                             | sır                                                                                                        | /andal                                      | on Fe                                                                                |
|                      | Small Area<br>Metre Square or less)              |                                                     | \$200                                | ours                                                                                                                                        | of hou                                                                                                     | ct of v                                     | istrati                                                                              |
|                      | Medium Sized Area<br>(1-2 Metres Square)         |                                                     | \$400                                | Regular Time = Number of Hours X \$25.00<br>Overtime = Number of Hours X \$50.00<br>Contact your Custodian to calculate the number of hours | ie = Number of Hours X \$34.00<br>= Number of Hours X \$70.00<br>Dispatch to calculate the number of hours | added to the cost of each act of vandalism. | vdmin                                                                                |
| GRAFITTI             | Large Sized Area<br>(2 Metres Square +)          |                                                     | \$800                                |                                                                                                                                             |                                                                                                            |                                             | e + A                                                                                |
|                      | Portable Classroom                               |                                                     | \$200                                | urs X<br>s X \$<br>he nu                                                                                                                    | urs X<br>s X \$<br>te th                                                                                   | e cos                                       | Janc                                                                                 |
|                      | Washroom Stall                                   |                                                     | \$200                                | if Ho<br>Hour<br>late tl                                                                                                                    | if Ho<br>Hour<br>Icula                                                                                     | the                                         | aintei                                                                               |
|                      | Entire Washroom                                  |                                                     | \$1,500                              | ber o<br>er of I<br>alcul                                                                                                                   | ber o<br>er of l<br>to ca                                                                                  | ded t                                       | + Mâ                                                                                 |
| LOCKERS              | Door Replacement                                 |                                                     | \$150 ea.                            | Num<br>umbe<br>n to c                                                                                                                       | Num<br>umbe<br>atch                                                                                        |                                             | odial                                                                                |
| LOCKERS              | Full locker replacement                          |                                                     | \$400 ea.                            | ne =<br>= N<br>odiai                                                                                                                        | ie =<br>= N<br>Disp                                                                                        | will I                                      | Cust                                                                                 |
|                      | Small Area of Damage<br>(1 Metre Square or less) |                                                     | \$300                                | gular Time<br>Overtime =<br>'our Custod                                                                                                     | gular Time<br>Dvertime =<br>ntenance Di                                                                    | Fee                                         | ost +                                                                                |
| WALLS                | Large Area of Damage<br>(More Than 1 Metre Sq.)  |                                                     | \$500                                | Regular Time<br>Overtime =<br>t your Custod                                                                                                 | Regular Time<br>Overtime =<br>Contact Maintenance D                                                        | \$50.00 Administration Fee will be          | art Co                                                                               |
|                      | Door Partition                                   |                                                     | \$500                                | F<br>ntac                                                                                                                                   | F<br>St Ma                                                                                                 | inist                                       | it + F                                                                               |
|                      | Panel Partition                                  |                                                     | \$500                                | Co                                                                                                                                          | ontac                                                                                                      | Adm                                         | s Cos                                                                                |
| WASHROOMS            | Plugged Toilet                                   |                                                     | \$150                                |                                                                                                                                             | Ŭ                                                                                                          | 0.00                                        | Glas                                                                                 |
|                      | Toilet Tissue Dispenser                          |                                                     | \$60                                 |                                                                                                                                             |                                                                                                            | A \$5                                       | al of                                                                                |
|                      | Double Diamond                                   | \$5.60/sq. ft                                       | \$7/sq. ft                           |                                                                                                                                             |                                                                                                            |                                             | Totă                                                                                 |
| WINDOWS              | Laminated                                        | \$15.00/sq. ft                                      | \$7/sq. ft                           |                                                                                                                                             |                                                                                                            |                                             |                                                                                      |
|                      | Thermo (Double Pane)                             | \$15.00/sq. ft +<br>\$30                            | \$7/sq. ft                           |                                                                                                                                             |                                                                                                            |                                             |                                                                                      |

ONLY USED IF EBASE CANNOT BE ACCESSED

Appendix A: Vandalism & Unusual Property Occurrence Report



| Unusual Occurre |  |  |
|-----------------|--|--|
| Vandalism       |  |  |
| Work Order #    |  |  |

In case of **EMERGENCY:** report immediately by telephone to Facility Services 519-752-6387

| School or Facilit      | nool or Facility: |           |                                   |             |                              | Date of Occurrence: |              |                                 |          |                                |
|------------------------|-------------------|-----------|-----------------------------------|-------------|------------------------------|---------------------|--------------|---------------------------------|----------|--------------------------------|
| Location of            | 1                 |           |                                   |             |                              |                     |              |                                 |          |                                |
| Occurrence:            |                   |           | Time                              |             |                              |                     |              | Occurrenc                       | e:       |                                |
| Police<br>Involvement: |                   | Yes<br>No | Officer &<br>Detachment           |             |                              |                     |              | Police Re<br>Incident #         | -        |                                |
|                        |                   | Desc      | ribe What Hap                     | pen         | ed (attacl                   | h additional sh     | eet/s if nec | essary)                         |          |                                |
|                        |                   |           | -                                 |             |                              |                     |              |                                 |          |                                |
|                        |                   |           |                                   |             |                              |                     |              |                                 |          |                                |
|                        |                   |           |                                   |             |                              |                     |              |                                 |          |                                |
| D                      | <b>Describe</b>   | the D     | Damage and/or                     | Artic       | cles Miss                    | ing (attach add     | itional she  | et/s if nec                     | essary   | ):                             |
|                        |                   |           | <b>C</b>                          |             |                              |                     |              |                                 |          |                                |
|                        |                   |           |                                   |             |                              |                     |              |                                 |          |                                |
|                        |                   |           |                                   |             |                              |                     |              |                                 |          |                                |
|                        |                   |           | ephone # of Pa<br>alism or Damage | arties      |                              |                     |              |                                 |          | Witnesses<br>/guardian contact |
| (If underage of ma     | ajority, prov     | ide DO    | OB and parent/guard               | ian co      | ntact                        | (II underage o      |              | nformation                      | u pareni | guardian contact               |
|                        | ir                | nformat   | ion)                              |             |                              |                     |              |                                 |          |                                |
| Name                   |                   |           |                                   |             |                              | Name                |              |                                 |          |                                |
| DOB                    |                   |           |                                   |             |                              | DOB                 |              |                                 |          |                                |
| Mailing Address        | _                 |           |                                   |             |                              | Mailing Addre       | ess          |                                 |          |                                |
| Telephone              |                   |           |                                   |             |                              | Telephone           |              |                                 |          |                                |
| Parent/Guardian        | l                 |           |                                   |             |                              | Parent/Guardi       | an           |                                 |          |                                |
| Name                   |                   |           |                                   |             |                              | Name                |              |                                 |          |                                |
| D                      | escribe           | the pl    | an to prevent f                   | uture       | e recurre                    | nce (attach adc     | litional she | eet/s if neo                    | cessary  | <i>'</i> ):                    |
|                        |                   |           |                                   |             |                              |                     |              |                                 |          |                                |
|                        |                   |           |                                   |             | 1                            |                     |              |                                 |          |                                |
| Estimate value         |                   |           | Additiona                         | l           |                              | Restitution         |              | □ Yes                           | 🗆 No     | -                              |
| of loss:               | aiue   \$         | notes     | □ Yes                             | Supported   |                              |                     |              | note of explanation)            |          |                                |
| 01 1055.               | attached:         |           | □ No                              | Restitution | <b>Restitution Collected</b> |                     |              | it to Accounts<br>/able w/ Form |          |                                |
| Theft and vandali      | sm rob r          | orecic    | ous dollars from                  | n edu       | Ication fi                   | unding. The Bo      | ard will m   | ake everv                       |          |                                |
| restitution from th    |                   |           |                                   |             |                              |                     |              |                                 |          |                                |

indicate acknowledgement of, and agreement to, the process:

Signature of Person Completing Report

Signature of Site Administrator/Designate/Manager

Name of Person Completing Report

Name of Site Administrator/ Designate/ Manager

#### Distribution:

Original emailed to <u>Executive Assistant to the Superintendent of Business</u> & **Superintendent of Business** and copied to <u>facility@granderie.ca</u> 1 copy retained on site

#### ONLY USED IF EBASE CANNOT BE ACCESSED

Appendix B: Adjudication and Approval Application Form Assistance with Non-Insured Losses of Board Owned Property

| SUCCESS for Every Student |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|---------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|--|--|--|--|--|--|
| So                        | chool Name                                                                                                |                                                                                                               | C                               | Date of Occurrence                          |  |  |  |  |  |  |
| Lo                        | ocation of Occu                                                                                           | irrence                                                                                                       | R                               | Reported by                                 |  |  |  |  |  |  |
| 1.                        | . Description of Item Lost / Stolen / Damaged (attach second page if necessary)                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
| 2.                        | Cause of Loss                                                                                             | / Theft / Damage                                                                                              |                                 |                                             |  |  |  |  |  |  |
| 2.                        |                                                                                                           | There's Damage                                                                                                |                                 |                                             |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
| 3.                        | Indicators that                                                                                           | Due Diligence w                                                                                               | as Actively Exercised to Preven | t Loss / Theft                              |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
| 4.                        | Extenuating Ci                                                                                            | rcumstances                                                                                                   |                                 |                                             |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
| 5.                        | Similar Incide                                                                                            | nts in Last Two Ye                                                                                            | ars                             |                                             |  |  |  |  |  |  |
|                           |                                                                                                           |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
| 6.                        | Cost to Repla                                                                                             | ce / Repair Item                                                                                              |                                 | 7. Item is SEA Equipment (urgent <b>V N</b> |  |  |  |  |  |  |
| 0.                        | (including tax)                                                                                           | ce / Repair Refi                                                                                              | \$ /                            | need for replacement)                       |  |  |  |  |  |  |
| 8.                        | Attach Proof o                                                                                            | f Loss (pictures, receipt, purchase order, notes, etc.)                                                       |                                 |                                             |  |  |  |  |  |  |
| 9.                        | . FT104 "Reporting of Vandalism & Unusual Occurrence Incidents" procedures must be followed, and Appendix |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           | A MUST be attached to this form.                                                                          |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           | This area to be completed by Manager / Principal / Supervisor                                             |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           | Reviewed by:                                                                                              | I have reviewed the application and found it to be complete and appropriate for adjudication viewed by: Date: |                                 |                                             |  |  |  |  |  |  |
|                           | -                                                                                                         |                                                                                                               |                                 |                                             |  |  |  |  |  |  |
|                           | Signed:                                                                                                   |                                                                                                               |                                 |                                             |  |  |  |  |  |  |

| This area to be completed by Superintendent of Business |  |  |  |  |       |  |  |    |  |   |  |
|---------------------------------------------------------|--|--|--|--|-------|--|--|----|--|---|--|
| Authorization to provide assistance in the amount of    |  |  |  |  |       |  |  | or |  | % |  |
| Approved by:                                            |  |  |  |  | Date: |  |  |    |  |   |  |
| Conditions of financial assistance:                     |  |  |  |  |       |  |  |    |  |   |  |
| Signed:                                                 |  |  |  |  |       |  |  |    |  |   |  |

Distribution: Original emailed to Executive Assistant to the Superintendent of Business