



PRODUCTION LOSS REPORT

This Loss report must be completed, signed by the employee and submitted to the Production Office **within 24 hours of the loss.**

If there will be an anticipated cost involved in the replacement of the item(s) listed below, a Purchase Order must also be completed and returned along with a copy this report attached. Thank you.

Production Name _____ Production Company _____

Have three quotes of this replacement been provided Yes No – Note _____

PO # for replacment (if applicable): _____

Is the item(s) a **production asset**? Yes No

Is the item(s) part of an individual's or company's box Yes No

Is the item(s) part of an individual's or company's equipment rental and a certificate of insurance has been issued by production?:
_____Yes_____No

Name of Employee / Person submitting this form _____

Phone: _____ Email: _____

Department: _____ Position: _____

Today's Date: _____ Date of Damage: _____

Description of the lost item(s) (please include brand name/specific identifying information):

Police Crime Reference No# (if applicable): _____

Manner in which loss occurred (if known):

Location of loss: _____

Photos of original item attached Yes No

Approximate Replacement Cost: _____

If rented, Vendor information:

Name: _____

Address: _____

Phone No.: _____

Replacement Supplier information (mandatory):

Name: _____

Address: _____

Phone No.: _____

Name of individual who requested that personal property be brought to the production: _____

EMPLOYEE SIGNATURE	PRODUCTION SECURITY SIGNATURE	UPM SIGNATURE	PRODUCTION EXEC