

Property Loss Incident Report

Check and/or circle one per section. Complete relevant blanks.

CIRCLE LOCATION North / South / East / West for Women / Downtown / Midtown Express / Eagle River / Valley Express-Palmer	AFFECTED PERSON Member / Guest / Instructor / Other:			
	Name:Age:		_	
	Member # Address:			
	City:	State: Zip:	Phone:()
Property loss:				
Describe damage or lost property:				
Date of loss:			Time:	am/pm
Machine & manufacturer, or specific	activity involved:			
OCCASION	LOCATION			
☐ Arriving at site	☐ Parking lot	☐ Sauna		
☐ Pre-activity	☐ Entry area	□ Tanning		
□ During activity	□ Massage	☐ Gymnasium		
(Early) (Mid) (Late)	□ Locker room	☐ Track		
□ Between activities	□ Dance room	□ Pool		
□ Post-activity □ Departing site	☐ Free weights	□ Exercise ma	chine	
	☐ Weight machine		rt (Tennis) (Squa:	sh) (Bacquethall)
SPECIAL CIRCUMSTANCES		n the area noted above	, , , ,	, , , ,
☐ None	William opcomodity i	in the area noted above	(I loade be very t	ppcomo.)
☐ Unauthorized activity				
☐ Unauthorized presence				
☐ Equipment related problem				
□ Intoxication				
(This Person) (Another)				
☐ Other:				
	Describe how near			
	Describe how property damage or loss occured: (Continue on back if needed.) Please be very specific. (Print)			
	Please be very spe	CITIC. (Print)		
	If from a locker - rental or day use, type of locking device used if any:			
	Witness name:		Phone:	
	Witness name:		Phone:	
Completed by:	Phone:	Manager Review	,	Date