

Arizona Department of Administration
RISK MANAGEMENT SECTION
ENVIRONMENTAL PROPERTY LOSS REPORT

(FOR RMS USE ONLY)

RMS No.: _____

Date Opened: _____

Initials: _____

Agency: _____	Agency Contact:		
Division: _____	Name: _____	Title: _____	
Section: _____	Mailing Address: _____		
	Phone: _____	FAX: _____	

Environmental Impact on: **State Building(s)** → **State Land(s)** →
 (Check all that apply) **Other** → _____

Date Discovered: _____ **Time:** _____ **a.m./p.m.**

Category of Loss: **Asbestos** → (34) **UST/LUST/PCS** → (35)
 (Check all that apply) **Env. Site Assess.** → (98) **Haz. Waste/Mat.** → (37)
 Pesticides → (38) **BioHazards** → (33)
Other _____ → **PCB's** → (39) **Radiation** → (36)

Estimated Amount of Loss: \$ _____ **Emergency Response** → (99)

Letter of Determination (L.O.D) to be requested from ADEQ (Yes/No): _____

Location: Site Name: _____ **Agency No.:** _____
Address/physical location: _____ **Zip Code:** _____
City or nearest town: _____ **County:** _____

Actions Completed by Agency: _____

Potential Responsible Party: **Name (Individual or Firm)** _____ **Phone No.:** _____
 Address: _____ **Zip Code:** _____

Reported by: **Name:** _____ **Title:** _____
 Signature: _____ **Date:** _____

Supervisor's Authorization: **Name:** _____
 Title: _____
Signature: _____ **Date:** _____

Claim Description: _____

ENVIRONMENTAL PROPERTY LOSS REPORT

To submit a claim for state-owned environmental property losses, a Risk Management Environmental Property Loss report form must be completed by the agency, or in the case of an emergency the loss can be reported by telephone to the Environmental Programs Group (602) 542-2864. Timely reporting affords the Risk Management Section (RMS) the opportunity to inspect the damages and adjust the loss. Arizona Administrative Code Rules (R2-10-505) goes into specific detail on reporting a loss to RMS. The following information should be included on the form.

Agency

1. **Agency:** Name of agency the loss affects.
2. **Division:** Name of the agency's division.
3. **Section:** Name of the agency's section (if applicable).

Agency Contact

1. **Name:** List the name of the person who is most familiar with the property and/or incident.
2. **Title:** List the contact person's official title.
3. **Mailing Address:** The AFIS Mail Code is necessary so RMS will know exactly where to send the transfer form to reimburse the agency in case any agency funds were spent on a claim prior to coverage by ADOA - RMS.
4. **Phone:** List the phone number with the area code.
5. **FAX:** List the FAX number with the area code.

Environmental Impact on (Check all that apply)

1. **State Building(s):** Mark this box if the claim involves a state-owned building.
2. **State Land(s):** Mark this box if the claim involves an environmental claim outside a building on state-owned land.
3. **Other:** If you check "Other", describe the impacted area. Claims involving leased buildings and/or property should be listed as "Other".

Date Discovered

1. **Date Discovered:** The date discovered is the first date the agency knew about the environmental problem.
2. **Time:** Be sure to mark whether the time is a.m. or p.m.

Category of Loss (Be sure to check all that apply)

1. **Asbestos:** This includes suspected friable asbestos and ACM whether friable or nonfriable asbestos (e.g., transite, shingles, etc.).
2. **Env. Site Assess:** Includes all ASTM Phase I Environmental Site Assessments and Phase II asbestos surveys.
3. **Pesticides:** Mark the claim as pesticides rather than hazardous waste/materials if the environmental problem is predominately pesticides.
4. **PCB's:** Includes soil stained from PCB oils from transformers, capacitors, etc.
5. **UST/LUST/PCS:** Includes all leaking storage tank systems, whether above or below ground. It also covers petroleum-contaminated soil (PCS) caused by spills from drums, etc.
6. **Haz Waste/Mat.:** Includes all hazardous waste or materials except for pesticides and PCB's.
7. **BioHazards:** Includes any waste material (e.g., medical waste) that may be contaminated with bacteria, viruses, etc.
8. **Radiation:** Includes any waste material contaminated with radioactivity that may present a threat to human health or the environment.
9. **Emergency Response:** Mark this block if an emergency response contractor needs to be called to clean up any material that poses an imminent threat to human health or the environment.
10. **Other:** If the environmental claim does not fit into any of the above categories, mark "Other" and give a brief description.
11. **Estimated Amount of Loss:** Estimate the cost to the nearest one thousand dollars.
12. **Letter of Determination (L.O.D.) requested from ADEQ (Yes/No):** Mark yes if you want ADEQ to review the work performed and give your agency an official case closure letter.

Location

1. **Site Name:** Give the name commonly used by your agency or name it after the closest town, highway number and milepost number, natural feature, etc.
2. **Agency No:** For agency tracking purposes.
3. **Address/physical location:** Give address, mile post location, or legal description.
4. **Zip Code:** List closest Zip Code.
5. **City or nearest town:** List the closest town even if it is across a county/state line.
6. **County:** List the county where the incident occurred.

Actions Completed by Agency

1. Describe the actions taken, if any, before RMS took over management of the claim.

Potential Responsible Party

1. **Name:** List individual(s) or company's name, if known. Look for labels on drums, boxes, etc.
2. **Phone No.:** Look on any labels on drums, boxes, etc.
3. **Address:** Look on any labels on drums, boxes, etc.
4. **Zip Code:** List the Zip Code, if known.

Reported by

1. **Name:** Print full name.
2. **Title:** List the full title used by agency.
3. **Signature:** Sign full name.
4. **Date:** This date may be later than the date of discovery mentioned above.

Supervisor's Authorization

1. **Name:** Print full name.
2. **Title:** List full title used by agency.
3. **Signature:** Sign full name.
4. **Date:** This date may be later than the date of discovery and the date of reporting.

Claim Description

1. Write a brief description of the claim with numbers of drums, boxes, amounts, and any chemical names involved. Attach an extra sheet of paper, if necessary.