Admin

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STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
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P. O. BOX 119
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June 20, 1989

COMPTROLLER'S MEMORANDUM NO. 1989-16

TO: Heads of Departments and Agencies

ATTN: Risk Management Coordinators

FROM: Russel Nagata, Comptroller

SUBJECT: Claims for Loss of State Property

Losses and damages to State property, including those in its care, custody and control, are costly and disruptive. They deprive the State of the use of the property and cause disruptions of services to the public. The State Risk Management Revolving Fund (SRMRF) was created under the Risk Management Program to minimize these disruptions by making funds available to pay for these losses and restore services as soon as possible.

In addition to property loss, SRMRF will finance automobile no-fault, and tort claims up to $10,000. The following table summarizes the exposures financed by SRMRF:

		COVERAGE	
INCIDENT	LOSS	SELF-INSURED	EXCESS
Auto	Bodily Injury/ Property Damage	No-Fault	Insurance
Fire & Other Casualties	Bldg. & Content Equipment	$250,000* Value	Insurance -
Theft	Money Equipment	$ 10,000* Value	Insurance -
Tort	Bodily Injury/ Property Damage	$ 10,000*	Legislature

*Per incident

Procedures for reporting and filing of Auto and Tort claims have been covered under Comptroller's memorandums entitled "State Auto Fleet Liability Insurance Program" dated June 1, 1988 and "Tort Claims Against the State" dated October 1, 1988, respectively. Procedures for reporting and filing of claims for property loss or damage are covered under this memorandum and shall take effect on July 1, 1989.

For a loss or damage of State property, including property in its care, custody or control, resulting from theft, fire and other casualties, to be financed by SRMRF, a claim must be filed with the Risk Management Program. A claim is made by submitting a completed Form RMP-001, LOSS OR DAMAGE OF STATE PROPERTY. Please refer to the attached form.

This form is used to report all property losses or damages, except losses or damages resulting from automobile accidents. (Automobile accidents are to be reported on the ACORD Automobile Loss Notice.) Part 1 is to be prepared by the employee or the supervisor of the employee who discovered the lost or damaged property. Parts 2 and 3 are to be prepared by the immediate supervisor having authority or control over the lost or damaged property. The form should be reviewed and signed by the departmental risk management coordinator before filing it with the Risk Management Program.

Other forms or information may be requested to assist in loss control and in the investigation and settlement of the claim.

The claimant's department will be notified that the claim has been reviewed and the replacement or restoration of the property will be financed by SRMRF. Funds can either be transferred to the department by journal voucher or direct payment can be made to the vendor. It will be the responsibility of the department to follow proper procurement procedures under the law.

If you should have any questions, please contact Mr. John Takamune, Risk Management Officer, at 548-3214.

RUSSEL NAGATA
Comptroller

Attachment

Report No. _____
(RM use)

STATE OF HAWAII
LOSS OR DAMAGE REPORT OF STATE PROPERTY
(Risk Management)

DEPARTMENT _____

UNIT/SCHOOL _____

1. TYPE OF LOSS (X): Theft ___ Fire/Arson ___ Vandalism ___ Storm ___ Others _____ (Specify)

2. DATE INCIDENT DISCOVERED _____ TIME _____ a.m./p.m.

3. DATE INCIDENT OCCURRED _____ TIME _____ a.m./p.m.

4. HOW WAS LOSS DISCOVERED _____

5. WHO DISCOVERED LOSS _____ TITLE _____

6. WHO IS RESPONSIBLE FOR PROPERTY _____ TITLE _____

7. AMOUNT OF LOSS $_____

ATTACH A COPY OF THE DETAIL INVENTORY OF PROPERTY REPORT OR OTHER DOCUMENTS AND INDICATE THE ITEMS THAT ARE INVOLVED IN THE LOSS. IN ADDITION, INDICATE NEXT TO EACH ITEM THE BUILDING AND ROOM NUMBER WHERE THE PROPERTY WAS LOCATED, IF APPLICABLE. NOTE: THIS ITEM MUST BE COMPLIED WITH IN ORDER TO VERIFY EXISTENCE OF THE PROPERTY.

8. IF CRIME SUSPECTED:

   a. WHERE ENTRY MADE _____ (building and room #) MANNER _____ (window/door/louvre, etc.)

   b. SECURITY _____ (fire/burglar/patrol, etc.) TYPE OF SYSTEM _____ (window/gate/alarm/lights, etc.)

   c. INCIDENT REPORTED TO LOCAL POLICE: NAME _____
      BADGE NUMBER _____
      STATION _____
      DATE _____ TIME _____

9. OTHER PERTINENT INFORMATION: _____

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ Signature

_____ Date

Original to: DAGS/Risk Management

Form RMP-001
Part 1 of 3

Report No. _____
(RM use)

STATE OF HAWAII
SUPERVISOR'S LOSS OR DAMAGE REPORT OF STATE PROPERTY
(Risk Management)

General Description of Property Lost or Damaged:

$_____
Total

Building and Room No. _____

ANALYSIS

1. What acts, failure to act and/or conditions contributed most directly to the loss?

_____

2. What are the basic or fundamental reasons for the existence of these acts and/or conditions?

_____

EVALUATION

Loss Severity Potential: ____ Major ____ Serious ____ Minor

Probable Recurrence Rate: ____ Frequent ____ Occasional ____ Rare

PREVENTION

What action has or will be taken to prevent recurrence? List all actions in sequence:

1. _____
2. _____
3. _____
4. _____

Give date of immediate action taken. Give date when action completed.

Immediate Action 1._____ 2._____ 3._____ 4._____

Action Completed 1._____ 2._____ 3._____ 4._____

Investigated by:			Reviewed by:		
Supervisor	Date	Phone No.	Risk Management Coordinator	Date	Phone No.

NOTE: IN ORDER TO RECEIVE REIMBURSEMENT, PARTS 1, 2 AND 3 MUST BE COMPLETED.

Form RMP-001
Part 2 of 3

Original to: DAGS/Risk Management

Report No.__________
(RM use)

STATE OF HAWAII
SUPERVISOR'S LOSS OR DAMAGE REPORT OF STATE PROPERTY
LIST OF PREVENTIVE ACTIONS NOT IMPLEMENTED AND REASONS
(Risk Management)

____
PROPERTY

Action No.	REASON
______	____
	____
	____
______	____
	____
	____
______	____
	____
	____
______	____
	____
	____
______	____
	____
	____
______	____
	____
	____

Original to: DAGS/Risk Management