



THE UNIVERSITY OF  
**TENNESSEE**  
HEALTH SCIENCE CENTER™

# CRITICAL FREEZER INVENTORY GUIDELINES

7/2/2024

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## INTRODUCTION

The Tennessee Treasury Department, Division of Claims and Risk Management administers the risk and claims process for the State of Tennessee's Property Self-Insured Coverage to protect Higher Education Institutions in the event of a covered loss. The State's Property Insurance Coverage also covers the institution's research projects for covered perils such as equipment failure, power outages and natural disasters. In recent years, the State has seen an increase in property claims that involve research specimens stored in freezers that have failed. These failures resulted in the destruction of specimens stored by the institution's researchers. The losses of these specimens include lost time of collecting specimens, loss of grant fund, lost wages and critical information that would have supported future research.

To identify and implement controls and prevent these types of losses the Treasury Department has required that the University maintain an inventory of critical freezers that contain research specimens, annually audit this critical freezer inventory, and for freezer owners to implement a plan to mitigate loss of research specimens associated with freezer failure. The requirements associated maintaining compliance with this order or described in UTHSC procedure [RS203 – Critical Freezer Inventory](#).

## CRITICAL FREEZER INVENTORY

The Office of Research Safety Affairs (RSA) maintains the institutional critical freezer inventory. All freezers containing research specimens that are to be insured against loss must be included in this inventory. Refer to the *Freezer Loss Control Program Checklist* in Appendix A for guidance identifying and creating an inventory of freezer contents.

- Researchers must complete the [Critical Freezer Registration Form](#) in Appendix B to notify the Office of Research Safety Affairs (RSA) of freezers to be added to the institution's critical freezer inventory. Email the completed form to RSA at [safety@uthsc.edu](mailto:safety@uthsc.edu).
- Researchers must also complete the Freezer Audit Data Collection Sheet provided in Appendix C. This must be maintained in researcher records and is necessary to document the contents of the freezer in the event of a property claim.
- Research Safety Affairs must be notified of freezers that are no longer in researcher possession so that these units must be deleted from the inventory. To delete a freezer from the inventory, researchers must complete the [Critical Freezer Deletion Form](#) located in Appendix B and email it to [safety@uthsc.edu](mailto:safety@uthsc.edu).

### Guidance for Completing the Critical Freezer Registration Form

- **Freezer details (type, manufacturer, model, temperature rating and age):** Provide this information for identification.
- **Building air-conditioned:** Critical freezers should be in a temperature-controlled environment to minimize stress on the equipment.
- **Building fire alarm system (smoke and sprinklers):** Critical freezers should be in buildings equipped with a fire alarm system, including smoke detectors and sprinklers, to minimize the potential for loss in case of fire.
- **High temperature and loss of power alarms:** Alarms alerting high freezer temperature alert/possible freezer failures should be recognized and implement Emergency Response

Plan. If possible, these alarms should be networked to alert personnel at times when the area may be unoccupied.

- **Access control (security):** Restricting critical freezer inventory access to authorized individuals and ensuring that appropriate individuals can access freezer contents in the event of failure are important measures when protecting specimens.
- **Backup power:** Critical freezers should draw power from outlets serviced with back-up power. Back-up power outlets in university buildings are typically red and are serviced by a back-up generator that activates in the event of a power loss. Back-up generators are tested monthly. Contact UTHSC Facilities administration at 901-448-5660 for additional information about the availability of back-up power in your location or for further assistance.
- **Emergency response plan:** This plan should identify individuals responsible for addressing issues involving critical freezers and detail actions to be taken to mitigate loss or potential loss of specimens. This may include contingency plans for alternative storage of specimens. A template is provided in Appendix C of these guidelines.
- **Estimated cost to replace the freezer:** Identify the cost of purchasing a new unit with comparable functionality.
- **Estimated cost of freezer contents:** When estimating the value of freezer contents consider all anticipated content replacement costs including re-collecting samples, establishing cell lines, additional staff, time and rewriting or research grant applications, etc.

## RISK ASSESSMENT

Owners of research specimens stored in freezers should perform a risk assessment to ensure that the most valuable or most critical specimens are provided with a degree of protection commensurate with their value. A risk assessment is intended to ensure that the value or importance of the specimens have been considered and a means of storage selected that reflects the value of the assets stored within that freezer unit. For example, the specimens in a collection that are the most valuable or most costly to collect should be placed in a freezer unit that is the most reliable and is equipped with the best controls, including backup power, high temperature alarms and an emergency response plan (Appendix D) to follow in the event of freezer malfunction.

## ANNUAL AUDIT OF CRITICAL FREEZERS

Researchers are required to verify the record of critical freezers in their possession by participating in an annual audit of critical freezers. Researchers with laboratory space at UTHSC will be prompted by RSA to verify the record of critical freezers at the time of their annual lab safety inspection. Researchers must verify the value of the research specimens in their freezers at this time. RSA must be updated about significant changes to the value of specimens in freezers. Researchers without laboratory space will be contacted by RSA or their Business Manager to review and update their inventory.

At the time of the annual audit researchers should ensure completion of the following:

- New freezers have been added to the inventory.
- Freezers no longer in use or possession have been removed from the inventory record.

- Freezer contents have been accurately inventoried (documented)
- Maintenance has been performed as per service plan or manufacturer's instructions.
- Note the age of the freezer. Consider replacement of units nearing the end of their serviceable lifetime.

## **SUSTAINABILITY**

Low and ultra-low temperature freezer use is energy intensive. Researchers should run only the necessary number of freezers. Maintaining an accurate inventory, including specimen location, can minimize the amount of time or number of times freezers need to be opened. Additionally, performing routine maintenance (e.g., cleaning cooling coils, periodically defrosting, etc.) as per manufacturer specifications may help ensure the most efficient operation of freezers.

## **CLAIMS**

If a freezer and its contents have been included in the institution's critical freezer inventory a loss to these items may be covered. To submit a claim for the loss of a critical research freezer or its specimens the UT Office of Risk Management must be notified of the claim by completing the [Online Incident Report Form](#) (select University Property Damage). This online form is accessible through the UT Health Science Center Campus Safety and Emergency Management website for Accidents/Incidents. Claims must be submitted within 24-hours of identifying the loss. Once the online form is completed, the claimant will be required to complete a [Property Claim Packet](#), included in Appendix E.

After a Property Loss Report has been submitted complete the Property Claim Packet to identify the contents of the freezer and the freezer itself. The Office of Risk Management will need documentation of the cause of the freezer damage, estimates for the repair and/or replacement, documentation of the purchase of the damaged freezer, pictures, and additional supporting documentation. The Property Claim Packet is provided in Appendix E of these guidelines.

- If the loss is estimated to exceed the State's deductible of \$50,000 the Office of Risk Management will contact the state's adjuster to contact the department head and researcher to arrange a meeting to begin the adjustment process.
- If the loss is estimated to be between \$10,000 (the campus/department portion of the State's deductible) and \$49,999.99 the University of Tennessee will handle the claim "in house". If this is deemed a covered loss, the department would be responsible for the \$10,000 and the Office of Risk Management has a self-insurance fund to cover up to the State's deductible.
- If the loss is estimated to be less than \$10,000, the department will be responsible for the loss.

**APPENDIX A: FREEZER LOSS CONTROL PROGRAM CHECKLIST**

## FREEZER LOSS CONTROL PROGRAM CHECK LIST-RESEARCH SPECIMENS

The following actions shall be conducted to assist with identifying the locations of your registered critical freezers and prevent potential loss of specimens using both the Freezer Registration Form and the Freezer Audit Form.

1. Create an inventory team for the purpose of information-gathering and to undertake an initiative to address issues that have already been identified.
2. Conduct a backup power assessment to determine capacity (building by building), additional electrical outlets and/or backup generators per research storage location. If a generator is used at a specific location, make sure that it works as intended as an electrical power backup. (Regular testing and maintenance of generators is recommended.) Determine the length of time that backup generators would provide and make sure that the backup duration (time) provided is sufficient for alternative plans to be made or undertaken. If the time provided is insufficient, create alternative plans.
3. Inventory freezers to identify which freezers are not connected to backup power and do not have monitoring alarm systems. Determine if there is a need to purchase extremely critical temperature monitoring systems to provide local and remote alarms, including contacting offsite personnel by e-mail, text, or cellphone. This technology can be fitted to any scientific refrigerator or freezer.
4. Inventory contents being stored in each freezer, include the description of specimens, the value of each specimen, and the overall funds used to collect the specific specimens.
5. Make sure that freezer rooms do not overload the system resulting in outages. (Review number of outlets and determine the room is below maximum load.) Post signage of maximum number of freezers allowed per outlet. Do not overload the system.
6. Perform regular cleaning and maintenance on freezers.
7. Determine if equipment, including freezers, needs to be replaced. It is recommended to monitor the age of freezers and plan for a replacement schedule based on shelf life.
8. Consider implementing a centralized monitoring system that will alarm and notify designated personnel when freezers experience a power interruption and temperature increase. Regular

## FREEZER LOSS CONTROL PROGRAM CHECK LIST-RESEARCH SPECIMENS

testing of monitoring systems is recommended. Ensure that backup systems are in place to provide backup to monitoring systems. If no monitoring system is used, ensure a designated individual is assigned to physically inspect and log twice daily whether the freezer(s) are operational during regular business hours, weekends, and holidays.

9. If using software monitoring systems, test monitoring systems regularly. Make sure you have planned for and tested backup systems to ensure that software monitoring systems are performing correctly. Provide for surge protectors and regular replacement of batteries when necessary.
10. Perform regular in-person inspections of freezers and freezer rooms. (Personal observation is often better than relying on technology.) Make sure that freezers are connected to outlets, freezer doors are adequately secured, and freezers are operational.
11. For high-value research specimens, if feasible, do not store all samples in one location. Spread the risk of loss or damage due to freezer failure by storing in other protected locations.
12. Develop and implement an Emergency Response Plan that identifies individuals responsible for addressing issues involving critical freezers (-80 °C) and detail actions to mitigate loss or potential loss of specimens. This may include contingency plans for alternative storage of specimens or fault in the freezer that cannot be corrected or repaired in an acceptable and timely period.
13. For high-value research projects, identify locations and determine if security measures are appropriate to keep unauthorized individuals from entering research storage area.



**APPENDIX B: CRITICAL FREEZER REGISTRATION AND DELETION FORMS**

# CRITICAL FREEZER REGISTRATION

**Name of University:** University of Tennessee Health Science Center

*Instructions: Complete this form for all freezers used to store research specimens. Email the completed form to [labsafety@uthsc.edu](mailto:labsafety@uthsc.edu) to have the freezer added to the UTHSC Critical Freezer database. Guidance for completing the form is provided in the UTHSC Critical Freezer website (<https://www.uthsc.edu/research/safety/critical-freezer-management-guidelines>)*

Campus name	City (location of freezer)	Department name	Building where freezer is located	Floor	Room #	Is the building air-conditioned? (Y/N)	Are smoke alarms and sprinklers in the building? (Y/N)	Is there a high temperature alarm? (Y/N)	Is there a loss of power alarm? (Y/N)	Is there access control/security? (Y/N)	Is there a back-up power source? (Y/N)	Is there an emergency response plan (ERP) in place? (Y/N*)	*If no ERP, when will one be implemented? (mm/yyyy)	Freezer type/style	Manufacturer/brand	Freezer model #	Estimated cost to replace freezer	Estimated cost of freezer contents
Example: UTHSC	Memphis	Preventative Medicine	Lake Blvd., Suite 206, Memphis, TN	2	206	Yes	Yes	Yes	No	Yes	No	Yes		her Forma 8600 series	her Forma 8600 series	her Forma 8600 series	\$15,000	\$10K

*Email completed form to the Office of Research Safety Affairs at [labsafety@uthsc.edu](mailto:labsafety@uthsc.edu)*

Revised: June 29, 2023

# CRITICAL FREEZER DELETION FORM

**Name of University:** University of Tennessee Health Science Center

*Instructions: Complete this form to identify freezers no longer being used for the storage of research specimens. This includes freezers that have been removed from service, surplused or otherwise disposed. Freezers identified here will be deleted from the institutional critical freezer inventory and their contents will no longer be insured. If research specimens previously stored in freezers to be deleted have been transferred to another unit, please use the Critical Freezer Registration Form to add that unit to the critical freezer inventory or to amend the value of the contents of that freezer. Email the completed form to [labsafety@uthsc.edu](mailto:labsafety@uthsc.edu). The EH&S Assistant application accessible through the UTHSC Research Safety Affairs website can be used to check the status of your freezers.*

Campus name	City (location of freezer)	Department name	Building where freezer is located	Provide this information for the freezer(s) to be deleted from the critical freezer inventory									
				Floor	Room #	Freezer type/style	Freezer Manufacturer/brand	Freezer model #	Freezer contents have been relocated (Y/N)	Principal Investigator or Responsible Owner/manager	Approximate Date of Freezer Disposal or Removal (mm/yyyy)	Person Requesting Freezer Deletion	Email Address of Person Requesting Freezer Deletion
<i>Example: UTHSC</i>	<i>Memphis</i>	<i>Preventative Medicine</i>	<i>Lake Blvd., Suite 206, Memphis, TN</i>	<i>2</i>	<i>206</i>	<i>her Forma 8600 series</i>	<i>her Forma 8600 series</i>	<i>her Forma 8600 series</i>	<i>\$15,000</i>	<i>Cushman, William</i>	<i>5/9/2023</i>	<i>Maureen Sorrells</i>	<i>mmille83@uthsc.edu</i>

**By signing here I confirm that the freezer(s) listed above no longer contain critical research specimens, the freezer no longer needs to be insured and the freezer(s) can be removed from the institutional freezer inventory.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Email completed form to the Office of Research Safety Affairs at [labsafety@uthsc.edu](mailto:labsafety@uthsc.edu)*

*Revised: July 18, 2023*

**APPENDIX C: FREEZER AUDIT DATA COLLECTION SHEET**

## FREEZER DATA COLLECTION FORM

### INSTRUCTIONS

Complete one data sheet for each freezer unit; audit should reflect current conditions encountered, not future or scheduled work. **This is an internal document that must be shown in the event of a freezer loss/property claim.**

Name of person completing audit: \_\_\_\_\_

Position: \_\_\_\_\_

Contact details: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FREEZER LOCATION

Campus	Building	Floor	Room / Lab number Include if hallway etc

If off campus/not within Institution's control please indicate where located:

--	--	--	--

### FREEZER DESCRIPTION

Type	
Manufacturer	
Model	
Temperature rating	
Asset number	
Age of the freezer (i.e. when was it purchased?)	
Estimated cost of replacing the freezer unit	
Name of responsible freezer owner/manager	
If the freezer is shared, identify all relevant content owners:	

### FREEZER SET-UP / OPERATION

Respond using Yes, No, DK (Don't know), N/A (Not applicable). Comment as needed.

Is the building/freezer area air conditioned?	
Is there fire detection/protection (smoke detection or automatic sprinklers)?	
Is the freezer area located below ground level (i.e. potential for flooding)?	
Is the freezer area secure; i.e. is access controlled?	
Describe: (e.g. locks, swipe card access)	
Does the freezer have a working audible alarm?	
Is the alarm routinely tested (i.e. when was it last tested)?	
Is the freezer linked to the institution's monitoring system	
If so, does the monitoring system identify high temperature?	
If so, does the monitoring system identify loss of power?	
If not, why?	
Does the freezer send alarms or warning messages to managers?	
If so, how?	
Do you have a Delegations process for Manager's on leave?	
Is the freezer directly wired in to the mains power?	
If not, is the freezer's power point exposed and subject to unplugging?	
Does the freezer have an uninterrupted power supply?	
Is the freezer connected to a back-up power supply?	
Does the freezer area (room/lab/etc) have an exposed/unprotected power isolation switch?	

Is the freezer covered under a maintenance contract for servicing?	
Is there a freezer distress response protocol or a freezer failure action plan?	
If freezer door locks are used, are they secured?	
Is there a designated back-up freezer for these contents?	
Does the freezer/area have an alternative refrigerant source (e.g. CO2 cylinders, dry ice)?	
Is there adequate signage on the freezer indicating the content's owner & authorised contact?	
Are there after hour/emergency numbers on the freezer?	
Are staff/students & contractors aware of emergency response & incident notification procedures?	
If the freezer is not located on the institution's property (e.g. university, hospital or other research space), do you have a contract or service agreement in place for support and maintenance?	

### **FREEZER CONTENTS**

When estimating the value of the freezer contents consider all anticipated content replacement costs including re-collecting samples, establishing cell lines, additional staff, time and re-writing of research grant applications etc.

Name of person conducting contents valuation: \_\_\_\_\_

Position: \_\_\_\_\_

Description of material being stored (identify if animal, plant or human material)::

### **Replacement of contents:**

What would it take to replace or replicate the contents of the freezer?

Include numbers/types, estimated time & costs when considering the following:

Research samples or specimens	
Unique products or substances (e.g. archival material); indicate if material is irreplaceable (i.e. cannot be collected again)	
Consumables	
Staff (numbers, grade, FTE etc)	
Time frame (for re-establishment e.g. in weeks, months or years)	

Grant applications / reports (e.g. writing of new grants; reports to grant providers)	
Third Party contract obligations	
Other substances/products/in storage	
TOTAL VALUE OF RESEARCH COSTS	\$

Any other comments:

## **APPENDIX D: EMERGENCY RESPONSE PLAN TEMPLATE**



CRITICAL RESEARCH FREEZER  
EMERGENCY RESPONSE PLAN

This Emergency Response Plan is intended to ensure is intended to define the response procedure to be followed to protect research specimens in case of alarm or freezer failure.

This Emergency Response Plan assigns responsibility for the freezers listed below.

Freezer Location	Freezer Model/Type/Serial Number

The individual(s) listed below should be contacted in the event of alarm or freezer failure.

Name	Contact Phone Number and Email

The individual(s) listed below are responsible for posting signs and ensuring personnel are familiar with the response procedure to follow in case of freezer failure.

Name	Contact Phone Number and Email

The company identified below is responsible for maintaining or servicing the freezers covered by this plan.

Name	Contact Information	Contact Number (if applicable)

**APPENDIX E: PROPERTY LOSS REPORT**



THE UNIVERSITY OF TENNESSEE

Office of Risk Management

Property Loss/Damage Claim Report

- 1. Use this form to first report potential or actual loss or damage of university-owned property to Risk Management.
2. Each department must complete this form as soon as they are made aware of an incident; inaccurate or incomplete reports will slow the recovery and reimbursement process; failure to provide timely notification or supply required documentation and cooperate with the University's loss adjustment personnel may jeopardize potential recovery for the University and your department.
3. Please attach other pertinent information that will facilitate claim processing i.e. photos, estimates of damage, inventory of damaged/missing items, copies of estimates, if available.
4. In the event there is damage in excess of \$10,000, the Property Claim Packet MUST be completed, including copies of estimates, copies of the bills/invoices for repairs/replacement, and proof of payment.
5. Applicable loss sharing/deductibles will be assessed against the total reimbursement for each incident in accordance with UT's Insurance Policy located in UT System's Fiscal Policy.

Form with fields: Street Address of Incident, School/Dept./Building Name, Other details of exact location, Department Head Name, Claim Contact Name, Claim Contact Phone Number, Claim Contact Email Address, Date & Approximate time of loss, Is this the first report of loss? (Yes/No) and If no, date of last submittal.

Table titled 'Cause of Loss' with columns for various incident types (Fire, Lightning, Wind, Flood, Hail, Tornado, Freezing, Earth Movement, etc.) and checkboxes for each. Includes an 'Other / Notes' section at the bottom.

505 Summer Place - UTT 1048C • Knoxville, TN 37902
Fax: (865) 974-0936 • Email: riskmanagement@tennessee.edu



THE UNIVERSITY OF  
TENNESSEE

Office of Risk Management

**Property Loss/Damage Claim Report**

1. Describe the property lost/damaged and the causation in detail (narrative of circumstances surrounding event):	
2. Estimate Dollar Value of the Loss <i>Approximate value to repair and/or replace damaged property with like kind and quality.</i>	
Comments:	
3. List all witness names and contact information (including contractors and UT employees working near the location):	

	Yes	No
4. Did you take measures to protect the property from further damage? How?	<input type="radio"/>	<input type="radio"/>
Comments:		
5. Can the damaged property be salvaged in any way to minimize the ultimate loss?	<input type="radio"/>	<input type="radio"/>
Comments:		
6. Was Facilities Services contacted to inspect and repair the loss? If not, who?	<input type="radio"/>	<input type="radio"/>
Comments:		
7. Did the police, fire or other agency/utility respond to the loss event? Agency Name & Contact:	<input type="radio"/>	<input type="radio"/>
Comments:		
8. Has Belfor, the state's remediation contractor, been contacted to assist in cleanup and water extraction?	<input type="radio"/>	<input type="radio"/>
9. What is the current estimate of how long it will take to repair?		
10. Estimated time that department/school/unit operations will be materially impaired as a result of the loss event?		
11. Did or will your department experience any significant lost revenues or increased expenses associated with the loss (outside of the direct damage to the property)?	<input type="radio"/>	<input type="radio"/>
If so, what is your estimate of the cost of the interruption?		
Comments:		
12. Was there an outside, non-UT party(s) responsible for the loss? If so, provide name and address, describe in detail how party is potentially responsible:	<input type="radio"/>	<input type="radio"/>
13. Is there a contract with the responsible party? If so, provide copy of the contract.	<input type="radio"/>	<input type="radio"/>
14. Was any of the University of Tennessee's proprietary/confidential data or other protected personal information lost or compromised in this event?	<input type="radio"/>	<input type="radio"/>
Comments:		



# The University of Tennessee Property Claim Packet – Instructions

Electronic version of Property Claim Packet is  
available at <http://riskmanagement.tennessee.edu>

Office of Risk Management  
505 Summer Place - UTT 1048C  
Knoxville, TN 37902

Phone: (865)974-5409  
Fax: (865) 974-0936  
Email: [riskmanagement@tennessee.edu](mailto:riskmanagement@tennessee.edu)  
Website: <http://riskmanagement.tennessee.edu>

**IN THE EVENT OF PROPERTY DAMAGE CONTACT THE APPLICABLE DEPARTMENT(S) AS FOLLOWS:** UTPD- security assistance & crime reporting; Facilities Services - building damage and clean up; Environmental Health and Safety - hazardous materials, potential mold etc.; OIT electronic equipment impacted; Risk Management - claims process.

**PREVENT FURTHER DAMAGE** (e.g. move items from water) and **PRESERVE EVIDENCE** of cause of the loss and damaged items by photographing and retaining all items until Risk Management approval to surplus or discard is obtained.

## REPORTING and CLAIM SUBMISSION REQUIREMENTS

**WITHIN 3 days** of the incident and in order to establish your department's claim, you must submit columns 1 and 2 of the **Property Claim Packet – Damaged Property Spreadsheet** to [riskmanagement@tennessee.edu](mailto:riskmanagement@tennessee.edu) or fax to: (865) 974-0936.

**Late reporting may result in denial of coverage.**

**WITHIN 6 MONTHS** of the incident or conclusion of theft investigation: you must submit the pertinent documents listed below. Risk Management may modify these requirements for particular claims. Replacement expenditures of stolen items recovered by the police are not eligible for settlement. **If your documentation is not received by the 6-month claim deadline date your department's claim will be closed.**

## DOCUMENTS

**Property Claim Packet – Damaged Property Spreadsheet** should be used for repaired or replaced University-owned items. Submit the spreadsheet with the following documentation listed by column numbers:

3. Copy of original University purchase documents for damaged items, if replacement involved, as well as photographs. (Hint: the date of these purchases is prior to the date of the loss)
4. Vendor statement indicating the cause of the damage, a description and photos of the physical damage, and that any item replaced could not be repaired and that the replacement is the most comparable available. (Hint: to prove your claim by documenting there was damage caused by the incident and justification that what you spent was the least amount possible). For theft claims, a police report number is required in addition to vendor statement regarding replacement is the most comparable available.
5. Copy of invoices showing repair or replacement. (Hint: the date of these invoices is on or after the date of loss) and proof of payment for all amounts submitted for reimbursement (Hint: the Invoice Summary out of IRIS will show the actual payment)
6. Salvage value, if replacement is involved. (Hint: You must address whether there is potential for surplus sale recovery or value for parts you are keeping to determine what amount to deduct for the surplus value. You must retain all items until you seek and receive approval from Risk Management to surplus or discard)

The coverage reimburses the lesser of repair or replacement of covered property damaged by a covered peril, less the \$15,000 for water claims, \$10,000 for all other perils and (\$10,000 for theft) departmental deductible (pro-rated for multiple departments). The coverage pays the full value of functionally similar (most comparable- no upgrades or warranties) property.

NOTE: FEMA requires additional forms and information.

**Property Claim Packet – Labor Spreadsheet** should be used for Non-exempt & Wage University Labor for actual repair. Managerial and exempt labor, fringe benefits and overhead are not covered. The coverage will not cover more than a contractor would charge. Please advise Risk Management once decision has been made to use employee labor. NOTE: FEMA requires additional forms and documentation and may cover non-repair labor.

**Property Claim Packet - Extra Expense Spreadsheet** should be used for expenses resulting from property damage and necessary for business continuity. Submit this form with a best estimate of costs to Risk Management for discussion regarding possible coverage and required documentation.

Building Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

## PROPERTY CLAIM PACKET - DAMAGED PROPERTY SPREADSHEET

<b>Claim Number:</b>	<b>Department:</b>	Electronic version of Property Claim Packet is available at <a href="http://riskmanagement.tennessee.edu">http://riskmanagement.tennessee.edu</a>
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**DEPARTMENT CONTACT Name, Phone Number & Email:**

Item No.	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	Damaged Property Items	Preliminary repair/replacement cost estimate	Proof of UT ownership and photographs	Vendor statements and photographs	Repair/replacement invoices and proof of payment	Salvage Value - if replacement involved	Final repair or replacement cost
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

COMPLETE AND SUBMIT COLUMNS 1 & 2 BELOW TO RISK MANAGEMENT WITH THE INCIDENT REPORT FORM WITHIN 3 DAYS OF THE INCIDENT

Use columns 3-6 to track and record required documents. (see instructions for what is required) Once column 7 is completed, by 6 month deadline submit with documents labeled with corresponding item #'s to Risk Mgmt.

**Total preliminary cost estimate**

--

**Total amount being submitted for coverage**

--



