

12 Instructions for Using the Disaster Claim Log

This Excel worksheet is used to track and report on claims against the agency following a disaster. It is not meant as a substitute for the normal risk management tracking or reporting processes, but to augment them and track all disaster related claims separately in the Emergency Operations Center (EOC) or Administrative Department Operations Center (DOC).

This Excel spread sheet differs from the previous spreadsheets in a couple of ways. First, the second to the last tab (next to Tab 99) is a print form. This form can be printed on envelopes, or printed on 8 ½ x 11 inch label stock and then attached to a 10 x 13 inch envelope to provide a single place to store all documents and photographs related to a specific claim. This will prevent documents from becoming lost before the usual files can be set up. The claim data is entered onto the paper envelope and then the envelope and any reports and photos are forwarded to the Claims Section in the EOC or DOC, where it is entered into pages 1 through 99.

Second, no data entry is done on the first tab, the “Claims Summary.” All data entry for this spreadsheet is done on tabs 1 through 99. The summary report data then transfers back to the “Claims Summary” pages.

This form is modified from a claim form for field responders, but can be used for all claims against the agency. See the specific fields below for additional instructions.

Some of the fields use data from drop-down lists. This information is on the tab labeled Std Data. This tab is the sheet to the extreme far right of the tabs. The data on this sheet can be modified for the event. It should then be locked to keep the data consistent when operators change. Cells that use drop-down lists are shaded yellow.

Data Entry

For this spreadsheet, the data entry is specified by the columns, A through D and then by the row number, 1 through 23. (XY / column-row) denotes the cell reference.

Information in the first row will auto-fill from data entered in cells A7 and B3. This data does not have to be entered in both places. The information prints at the top of the sheet to make it easier to find a claimant's name or the date of loss.

Claimant Name: (A1) The claimant's name can be entered here, and / or in cell A7.

Loss Location: Address or GPS: (A3) Enter the address or GPS coordinates where the loss occurred.

Claim Manager: (A5) This entry uses a drop down list to select a Claims Manager, when the case is assigned to a manager. When the name is selected, fields B5 and C5 are automatically filled in from the look-up table on the Std Data tab.

Claimant's Name: (A7) Enter the claimant's full name.

Claimant's Agency: (A9) Enter the claimant's agency if they are a mutual aid resource. Otherwise, enter their department if they are an agency employee. Or enter their company name if they are a contractor. If the claimant is a volunteer registered with the city, consider them an employee. If the individual filing the claim is not an employee or a volunteer, leave this field blank.

Claimant's Address: (A11) Enter the claimant's home or work address.

Claimant's City, State & Zip Code: (A13) Enter the claimant's home or work city, state and zip code.

Claimant's Phone: (A15) Enter the claimant's telephone number. If they give you more than one phone number, add them in the "Notes" field, cell A23.

Claimant's Email: (A17) Enter the claimant's email address. If they give you more than one email address, add it in the "Notes" field, cell A23.

Claims Unit Leader: (A19) Using the drop down list, enter the name of the Claims Unit leader on duty when the claim is received in the EOC or DOC.

Is case still open?: (A20) This is a follow up question not to be answered when first entering the claim.

Date case closed: (A21) This is a follow up question not to be answered when first entering the claim.

Claim Amount: (A22) Enter the claim dollar amount if known.

Notes: (A23) Enter additional data as needed.

Date of Loss/Damage: (B3) Enter the date the accident or loss occurred, not the date when the claim was filed.

Claim Mgr's Phone: (B5) This data is automatically entered when the Claim Manager's name is selected in cell A5.

Claimant's Agent or Supervisor: (B7) If the claimant is a mutual aid employee, enter the

name of their supervisor present on the mutual aid assignment. If the claimant is an employee or city-registered disaster volunteer, enter the name of their direct supervisor. If the claimant is a contractor, enter their supervisor or manager. If the claimant does not designate an agent or representative, leave this field blank.

Agent or Supervisor's Agency: (B9) Enter the name of the organization where the supervisor listed in cell B7 works.

Agent or Supervisor's Address: (B11) Enter the agent or supervisors work street address.

Agent or Supervisor's City, State & Zip Code: (B13) Enter the agent or supervisor's work city, state and zip code.

Agent or Supervisor's Phone: (B15) Enter the agent or supervisor's work phone number.

Agent or Supervisor's Email: (B17) Enter the agent or supervisor's work email address.

F & A Section Leader: (B19) Using the drop-down list, enter the name of the Finance and Administration Section Chief on duty when the claim is received.

Date of Loss: (C1) Enter the date the accident or loss occurred, not the date when the claim was filed. On the paper form, enter the information either in cell C1 or in cell B3.

Event Name: (C3) This field is auto-filled from information on the Std Data tab.

Claim Mgr's Email: (C5) This field is auto-filled when the Claim Manager's name is selected from the drop-down list in cell A5.

Log #: (D3) This field is not filled in when the paper form is being written. When entered into the spreadsheet, the number is auto-filled.

Claim Type: (D5) Use the drop-down menu to select the type of claim being filed.

Included Documents: Cells D7 through D21

Using the drop-down function, indicate which of the following items is included in the file envelope for the claim.

- Accident Report:
- Investigation Report:
- Photographs:
- Police Report:
- Security Report:
- Supervisor's Statement:
- Video:
- Witness Statement 1:
- Witness Statement 2:
- Witness Statement 3:
- Witness Statement 4:
- Witness Statement 5:
- Witness Statement 6:
- Other Document(s):
- Other Evidence:

Settlement Amount: (C22) This field will not be filled in when the claim is being received at the EOC or DOC.