SAN FRANCISCO STATE UNIVERSITY  EQUIPMENT LOSS REPORT

TO: PUBLIC SAFETY

Date Report Prepared: ____________________

This is to report the loss of equipment belonging to San Francisco State University ____________________________ (DEPARTMENT OR OFFICE TITLE)

Date loss or theft occurred _____/____/____  Time ______ AM □ PM □  Building ___________________________ Room ___________________________

If equipment was stored in room or cabinet, were locks secured? ______  Cabled down? ______  If no, explain ___________________________

Were these items found missing during inventory? ________________

What precautions are in effect to prevent any further loss of equipment? __________________________________________________________________________

____________________________________________________________________________________________________________________________________

Was equipment checked out to you? _____  Was this a class project? _____  Was this checked out from Audio Visual Center? _____

Name:

LAST  FIRST  MIDDLE INT  ADDRESS  SS#

Course Name ___________________________ Instructor's Name ___________________________

Who approved issue? ___________________________

Complete space(s) below. If more than two items are missing, attach additional sheet.*

ITEM ___________________________ BRAND ___________________________

MODEL ___________________________ COST ___________________________

STATE NO. ___________________________ SERIAL ___________________________

ITEM ___________________________ BRAND ___________________________

MODEL ___________________________ COST ___________________________

STATE NO. ___________________________ SERIAL ___________________________

FOR PUBLIC SAFETY USE ONLY

CLET T.T. MESSAGE

SENT BY _________ DATE _______

CANCELLED BY _________ DATE _______

CASE NO. ___________________________

REPORT NO. ___________________________

SUMMARIZE OTHER DETAILS RELATING TO THIS LOSS.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Do you have insurance to cover loss of this equipment? ______

If yes, please indicate insurance company you are listed with: ___________________________ Policy Number ___________________________

Have you contacted your insurance company? _____  If no, explain ___________________________

CLASSIFICATION: □ Student  □ Staff  □ Faculty  □ Part-Time Faculty

*NOTE: Upon discovery of theft or that a Property item is missing, complete this report to the degree possible and forward immediately to the Department of Public Safety. Do not delay transmission while awaiting details such as an Insurance Policy number. Such information can be provided later. Call the Property Management Office x1365 or x6398 for assistance in obtaining State numbers and/or Serial numbers and cost of missing items.

PREPARED BY—SIGNATURE ___________________________ DATE ___________________________ TITLE ___________________________

Retain Pink (File) and Goldenrod (Dean/Administrative Head) copies and forward all other copies to Public Safety. After entering CLETS information, Public Safety will forward the Canary copy to the Property Office.