



LOST/STOLEN EQUIPMENT FORM

Information Technology Department AC-2EO3D SDU Phone: 718.262.5311

(Please, use a pen to fill out this form)

Lost/Stolen Incident Number: _____

DEPARTMENT: _____

Today's Date:

/ /

Client's Phone #:

Client's Name

Client's Position/Title

EQUIPMENT INFORMATION

Type of Equipment

Location Information

Type of Use

Equipment's Model Number

Serial Number (if any)

York ID Bar Code (if any)

Equipment's Cost (approximate)

INCIDENT INFORMATION

Equipment Status

Lost Damage Stolen

Police Report Reference No (if any)

Description of Incident (write briefly what happened to the equipment)

Comments (if any)

SIGNATURES

All signature boxes must be signed

Client's Signature

Department Head's Signature

Safety Coordinator's Signature

Information Technology Signature