

SACRAMENTO STATE  
EQUIPMENT LOSS REPORT

Report submitted by  Date   
(Department or Office)

Date theft/loss occurred/discovered  Time   AM  
 PM

Police Report Filed?  Yes  No Police Report No.

If no, explain:

Note: Any stolen or missing property will be reported to nearest law enforcement agency on or off campus.  
(SAM 2625 & SAM 8643)

Were items discovered missing during scheduled inventory?

Date of last scheduled inventory

How were items safeguarded? Rooms,cabinetslocked?  Y  N Cabledown?  Y  N

If no, explain:

What precautions are now in effect to prevent repeat situations?

Equipment was checked out to:  Date:   
Name (please Print)

Social Security No:  Driver's License

(Attach copy of "Equipment or Material check-out" form.)

List of stolen, missing or damaged items:

	BRAND	ITEM	MODEL	SERIAL	COST	DECAL
1.						
2.						
3.						
4.						
5.						

(Use attachment for additional items or summary.) (For additional information from inventory records, call 6015)

Summarize details relating to this report.

Do you have insurance to cover loss of this equipment?  Yes  No

If yes, please indicate insurance company you are listed with.

Have you contacted your insurance company?  Yes  No

If no, explain:

Signature of person claiming loss \_\_\_\_\_

Title

Phone No.

Date

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"Lost, stolen or destroyed equipment will be charged against responsible individuals if negligence was involved." SAM 8643