



Equipment Loss Report

Property Management

This form is to be completed and returned to Property Management Office - Campus zip 6117

Department: _____ Dept ID: _____ Date: _____
Report submitted by: _____ Loss discovered by? _____
Date of Incident: _____ Time: _____ AM PM
Location: _____ Building: _____ Room: _____

Was a CSU, Sacramento Police Report Filed? Yes No Report No. _____

Was equipment a computer or data storage device? Yes No If yes, contact Campus Information Security Department at 81999

Did the loss occur off campus? Yes No If yes, complete this section

Equipment was checked out to: _____ Date: _____

Address of incident: _____

Was a Police Report Filed? Yes No Report No. _____ Agency: _____

Do you have homeowners insurance Yes No If yes, have you contacted them Yes No

Name of insurance: _____ Policy No. _____

STATE TAG	SERIAL NUMBER	DESCRIPTION	COST

How was equipment safeguarded?

Were rooms/cabinets locked? Yes No

Was equipment cabled down? Yes No

Summarize details relating to this loss:

What precautions are now in effect to prevent repeated loss?

Signature of person claiming loss: _____ Date: _____

Department: _____ Title: _____ Phone: _____