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.*

<table>
<thead>
<tr>
<th>ITEM</th>
<th>BRAND</th>
<th>MODEL</th>
<th>COST</th>
<th>STATE NO.</th>
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FOR PUBLIC SAFETY USE ONLY

CLET T.T. MESSAGE

SENT BY _______ DATE _______
CANCELED 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 x8396 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.

86-3173