



# 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 SSN

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 _____

<b>FOR PUBLIC SAFETY USE ONLY</b>	
<b>CLET T.T. MESSAGE</b>	
SENT BY _____	DATE _____
CANCELLED BY _____	DATE _____
CASE NO. _____	
REPORT NO. _____	

## SUMMARIZE OTHER DETAILS RELATING TO THIS LOSS.

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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 \_\_\_\_\_