

Site: \_\_\_\_\_ Equipment Assigned to: \_\_\_\_\_

Equipment: \_\_\_\_\_ RCSD Inventory #: \_\_\_\_\_

(If unknown, contact the appropriate department)

Lost: **W**

Stolen:

Damaged: **W**

Description of Damage (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Explanation of Loss/Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Incident:

Worksite:

Classroom:

Home: **W**

Other: \_\_\_\_\_

(If Classroom is worksite, please check Classroom)

Date of Incident: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

-----  
Send to: \_\_\_\_\_ for evaluation (i.e. Technology/Maintenance)  
(forward a copy of this report with the equipment to be evaluated for repair/replacement)

Repair: **W**

Replace: **W**

Dispose:

Funding Source for Repair/Replacement: \_\_\_\_\_

-----  
Original: Assistant Superintendent, Business Services  
2nd Copy: Employee  
3rd Copy: Supervisor