

LOST, STOLEN OR DAMAGED EQUIPMENT, MATERIAL OR SUPPLIES CERTIFICATION

DISTRIBUTION:
1 - WHITE - ADMIN. SERVICES
2 - CANARY - SUPERVISOR
3 - PINK - STORES SUPERVISOR

NAME OF INDIVIDUAL			SOCIAL SECURITY NO.	CREW NO.	SUPERVISOR	DATE	
ASSIGNMENT LOCATION				SUBACTIVITY OR FUNCTION			
DATE OF INCIDENT	TIME OF DAY	LOCATION OF INCIDENT (YARD, ADDRESS FIELD LOCATION, ETC.)					
NAME OF WITNESS		JOB TITLE	ADDRESS		PHONE NO.		
TYPE OF INCIDENT (CHECK ONE)			IF LOST OR STOLEN WAS A POLICE D.R.		IF YES WHAT IS D.R. NUMBER		
<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DESTROYED			REPORT FILED <input type="checkbox"/> YES <input type="checkbox"/> NO		#		
DESCRIPTION OF EQUIPMENT, MATERIALS OR SUPPLIES LOST, STOLEN OR DESTROYED							
ITEM DESCRIPTION (INCLUDE BRAND NAME)		QUANTITY	EQUIP. NO.	SERIAL NO.			
NARRATIVE DESCRIPTION OF INCIDENT							
					SIGNATURE OF INDIVIDUAL		
SUPERVISOR'S INVESTIGATION, FINDINGS AND RECOMMENDATION							
					SIGNATURE OF SUPERVISOR		DATE
BUREAU HEAD'S FINDINGS AND RECOMMENDATION							
					SIGNATURE		DATE
BUREAU HEAD'S RECOMMENDED ACTION							
<input type="checkbox"/> NO ACTION REQUIRED <input type="checkbox"/> MEMO TO FILE <input type="checkbox"/> DISCIPLINARY ACTION - EXPLAIN BELOW OR ON BACK							
THIS LOST, STOLEN OR DAMAGED REPORT HAS BEEN INVESTIGATED TO MY SATISFACTION AND I CONCUR WITH THE BUREAU'S HEAD'S FINDINGS							
SIGNATURE _____					DATE _____		
ASSISTANT GENERAL MANAGER							