

Name:

A. LOSS, DAMAGE OR THEFT - REPORTED BY

LOSS, DAMAGE OR THEFT REPORT FORM

Identification Number:

Sask DLC employees are required to report any loss or theft of Sask DLC owned and operated equipment as soon as possible and submit a completed copy of this form within 48 hours of discovering the incident.

Department/Campus:	Position:		
Email:	Phone Number:		
B. INCIDENT INFORMATION			
Incident Date:	Reported on:		
Time of Incident:	Time Reported:		
Specific Location:	Reported to:		
C. EQUIPMENT INFORMATION			
List of Equipment Lost , Damaged or Stolen			
Equipment Identification Number			
Equipment Location at Time of Loss, Damage or Theft			
How Was the Equipment Lost, Damaged or Stolen			
Estimated Cost of Replacement			
Person Responsible for Equipment			
Department Responsible for Managing Equipment			
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D. Police Report Information			
Police File Number:		Reported on:	
Station Number:		Officer in Charge	:
Station Location:		Phone Number:	
E. ACKNOWLEDGEMENT			
Employee's or Student's Signature			Date
Supervisor's or Campus Principal's Signature			Date