

EQUIPMENT/PROPERTY INCIDENT REPORT

EMPLOYEE REPORTING INCIDENT: _____

PROPERTY/EQUIPMENT INVOLVED: _____

PLEASE CHECK ONE:

LOST

STOLEN

DAMAGED

DATE LAST IN EMPLOYEE'S POSSESSION: _____

IF LOST/STOLEN, DATE DISCOVERED MISSING: _____

LOCATION OF INCIDENT (Please describe what occurred.):

IF DAMAGED, PLEASE DESCRIBE DAMAGES:

ADDITIONAL COMMENTS:

If damaged, please turn in the equipment/property to your supervisor and include photos of the damages with this report.

SIGNATURE OF EMPLOYEE _____

DATE _____