

TO: PUBLIC SAFETY

Date Report Prepared: \_\_\_\_\_

This is to report the loss of equipment belonging to University Corporation, SF State \_\_\_\_\_

(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 SS#

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 _____ |
| DECAL NO. _____        |
| SERIAL _____           |

|                        |
|------------------------|
| ITEM _____             |
| BRAND _____            |
| MODEL _____ COST _____ |
| DECAL 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 University Corporation for assistance in obtaining Decal numbers and / or Serial numbers and cost of missing items.

PREPARED BY—SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Retain copies for file and Dean/Administrative Head and Forward Original to Public Safety, After entering CLETS information, Public Safety will forward original to UCorp.