LOSS, DAMAGE OR THEFT REPORT FORM

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.

A. LOSS, DAMAGE OR THEFT - REPORTED BY	
Name:	**Identification Number:**
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	

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 _____