

**FIXED ASSETS MANAGEMENT SYSTEM
LOST, DAMAGED OR STOLEN FIXED ASSETS REPORT**

Discovery date: _____

Person discovering the loss: _____

Bar Code No _____

Quantity: _____

Description: _____

Building Name: _____

Building Code: _____ Department/Room: _____

Controlling Person: _____

Report on: Arson__Theft Unexplained Loss _____

Burglary_____ Vandalism _____ Failure to Return_____

Briefly explain circumstances: _____

Police Report Filed: Yes _____ No _____ Police Report Date: _____

Police Complaint No. _____

Insurance Report Filed? Yes _____ No _____ Date of Insurance Report: _____

Sent for Repair Yes _____ No _____ Date Returned from Repair: _____

Completed By _____ Date: _____

Authorization:

Entered into the Fixed Assets Management System Record by: _____

Initials Date

Instructions: The upper portion of this form is completed by the person discovering the loss/damage/theft. The fixed assets manager completes the lower portion. The date on this form should be entered in the fixed assets management system the same day the situation is discovered and no later than in the month in which the situation is discovered.