



Removal of Accountability for Stolen Equipment

Date: / /

I. EQUIPMENT INFORMATION:

The equipment items listed below were found missing from

_____ on / /
DEPARTMENT NAME ACCOUNT # DATE

BLDG.	ROOM	ASSET TAG NO.	ASSET TYPE*	DESCRIPTION	MANUF.	MODEL #	SERIAL #

* S = State; F = FSA; R = Research; L = Lease/Rental; O = Other _____
(Specify)

II. INCIDENT INFORMATION:

- A. Name of Complainant _____
- B. Incident Reported on (Date) / /
- C. Public Safety Crime Incident Report number (CS8) _____

INSTRUCTIONS:

1. Call the Department of Public Safety (X-2626) and report the loss.
2. Request a copy of the CS8 report from Public Safety.
3. Complete Removal of Accountability for Stolen Equipment form. Forward original along with a copy of the CS8 to Property Control Office (Box 82), retain pink copy for unit records.
4. The Property Control Office will change the status of the equipment to pilfered (J) upon receipt of completed form and copy of the CS8.
5. These assets will remain on the department equipment list for approximately one year.

UNIT EQUIPMENT COORD. SIGNATURE _____

FOR PROPERTY CONTROL USE ONLY

10 _____ 10 _____ 10 _____ 10 _____	10 _____ 10 _____ 10 _____ 10 _____	TRANSACTION TYPE 6 <input type="checkbox"/> TRANSACTION FORM ATTACHED <input type="checkbox"/> ADDITIONAL DESCRIPTION
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PREPARED BY _____

ENTERED BY _____