

## Report of Lost, Damaged or Stolen Equipment Form Instructions

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| 1. Date   | Enter the current date in the MM/DD/YYYY format.   |
| 2. Grant Recipient Name                               | Enter the name of the grant recipient.   |
| 3. Subrecipient Name                                  | Enter the name of the subrecipient that owns the equipment (if applicable).  |
| 4. Address  | Enter the address of the grant recipient/subrecipient.   |
| 5. Phone  | Enter the phone number, including the area code, of the grant recipient/subrecipient.  |
| 6. Email  | Enter the email of the grant recipient/subrecipient.   |
| 7. Type of Incident                                   | Enter the type of incident. If other is checked, provide a brief explanation.  |
| 8. Explain the circumstances associated with the loss | Provide an explanation of the equipment loss. Include the date, time and the name of the person who discovered the loss.   |
| 9. Location of equipment at time of loss              | Enter the equipment's location at the time of loss (e.g., its address if different from above, room number, floor, etc.).  |
| 10. Brief Description of Equipment                    | Enter a brief description of the equipment from the OET Workforce Inventory Listing.   |
| 11. Serial #  | Enter the serial # of the equipment. Put N/A if the equipment does not have a serial number.   |
| 12. Acquisition Date                                  | Enter the date the equipment was acquired.   |
| 13. Acquisition Cost                                  | Enter the purchase price for the equipment when it was acquired.   |
| 14. Condition of Equipment                            | Enter the last known condition of the equipment prior to the loss.   |
| 15. Insured Coverage                                  | Indicate if the equipment was covered by insurance at the time of the loss. Include the insurance carrier, policy number, and the carrier's intent to replace the equipment. |
| 16. Uninsured Coverage                                | If the equipment was not insured at the time of the loss, indicate how the loss will be financially repaid.  |

### **Attach a Copy of the Police, FBI, or Fire Department Report (if available)**

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| 17. Signature of Grant Recipient/Subrecipient Property Officer | The current Grant Recipient/Subrecipient Property Officer must sign the form.                             |
| 18. Date   | Enter the date the Grant Recipient/Subrecipient Property Officer signs the form in the MM/DD/YYYY format. |