



## MISSING EQUIPMENT CONTROL FORM

DATE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ CAMPUS/LOC. CODE: \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL.

1) What was the last known location/room no. of the missing equipment? \_\_\_\_\_

\_\_\_\_\_

2) When was the missing equipment last seen? \_\_\_\_\_

3) Was the missing equipment vital to the operation of your school? YES \_\_\_\_\_ NO \_\_\_\_\_

4) When was the equipment last used? \_\_\_\_\_

5) Who was the equipment assigned to at the time it was declared missing: \_\_\_\_\_

6) Please describe what steps have been taken to locate the missing equipment: \_\_\_\_\_

\_\_\_\_\_

7) Is faculty/staff familiar with the Inventory Procedures Manual? YES \_\_\_\_\_ NO \_\_\_\_\_

8) Have the Faculty/Staff been educated on ways to avoid future losses? YES \_\_\_\_\_ NO \_\_\_\_\_

9) Was the equipment purchased with federal funds (ESEA, SPED and/or CTE)? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please indicate: \_\_\_\_\_

10) Please describe steps that have been taken to prevent equipment loss from occurring in the future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE OBTAIN THE FOLLOWING SIGNATURES. UPON COMPLETION, PLEASE RETURN TO THE OFFICE OF ASSET MANAGEMENT, ATTN: ASSET MANAGER, LOC. 8223

\_\_\_\_\_  
Signature of Teacher/Support Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Instructional Leadership Director (ILD)

\_\_\_\_\_  
Date