

FACILITIES SERVICES  
MAINTENANCE & ALTERATIONS DIVISION

**LOST/STOLEN TOOL AND EQUIPMENT REPORT**

(to be completed by Lead or Supervisor)

Person Tool is assigned to: \_\_\_\_\_ Badge Number: \_\_\_\_\_

ITEM DESCRIPTION (Inventory tag, manufacturer, model, serial #) \_\_\_\_\_

LOST/STOLEN FROM WHERE \_\_\_\_\_

DATE ITEM WAS LOST/STOLEN \_\_\_\_\_

DESCRIPTION OF CIRCUMSTANCES \_\_\_\_\_

APPROX. VALUE \_\_\_\_\_ DATE REISSUED TO EMPLOYEE \_\_\_\_\_

UWPD NOTIFIED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ REPORT # \_\_\_\_\_

**The information provided herein is a true and accurate statement to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_  
(Employee/Person tool is assigned) \_\_\_\_\_ Date

**I have verified the above provided information and find it to be true and credible.**

\_\_\_\_\_  
(Supervisor) \_\_\_\_\_ Date

\_\_\_\_\_  
(Manager) \_\_\_\_\_ Date

\_\_\_\_\_  
(Tool Room) \_\_\_\_\_ Date

\_\_\_\_\_  
(Director) \_\_\_\_\_ Date

Signatures should be obtained in the order above.

**RETURN TO: Tool Room attendant Plant Services – Box 354285**

Cc: Employee file

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