

MISSING EQUIPMENT CONTROL FORM

DEPARTMENT _____

ETSU#	DESCRIPTION	MODEL#	SERIAL#	COST	ACQ DATE

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL

1) What was the last known location of the missing equipment? _____

2) When was the missing equipment last seen? _____

3) Was the missing equipment vital to the operation of your department? YES ___ NO ___

4) When was the equipment last used? _____

5) If equipment was not in use and not vital to your department, please explain why it had not been declared surplus: _____

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

7) Will the missing equipment need to be replaced? YES ___ (go to #8) NO ___ (go to #9)

8) What index number will be used to pay for the replacement equipment? _____

9) Please describe steps that have been taken to prevent equipment loss from occurring in the future: _____

PLEASE OBTAIN THE FOLLOWING SIGNATURES. UPON COMPLETION, THE FORM CAN BE EMAILED TO JAY SEEHORN, CENTRAL RECEIVING SUPERVISOR, AT SEEHORNJ@ETSU.EDU OR FAXED TO 439-5793.

DEPT. HEAD DATE

DEAN/DIRECTOR DATE

VICE-PRESIDENT DATE