

# MISSING AND / OR STOLEN ASSET REPORTING FORM

Department [ \_\_\_\_\_ ] School [ \_\_\_\_\_ ] Date [ \_\_\_\_\_ ]

## Property Involved

Description of Property:

BCIT Asset #:

Serial #:

Estimated Value of Property:

Property is:       Owned       Leased       Personal

When was the last time that the asset was seen/used?

Where was the last known location of the asset?    Building [ \_\_\_\_\_ ]    Room [ \_\_\_\_\_ ]

Please describe the context of the asset going missing?

Will you be replacing this asset?       Yes       No

Who was the last person to see/use this asset?    Name [ \_\_\_\_\_ ]

A00# [ \_\_\_\_\_ ]

Dean / Director      Name [ \_\_\_\_\_ ]

Signature [ \_\_\_\_\_ ]

Upon completion of this form, please submit to [BCIT Safety and Security@bcit.ca](mailto:BCIT_Safety_and_Security@bcit.ca).