



**Equipment Loss, Damage, or Theft**

Triad Care, Inc. associates are required to report any loss, damage or theft of Triad Care, Inc. property or equipment immediately and must submit a completed copy of this form within 24 hours of the incident.

Loss / Damage / Theft - Reported By:	
Associate Name:	Associate Number:
Position/Title:	Department:
Phone:	Email:

Incident Information		
Incident Date (dd/mm/yy): ___/___/___ Time of Incident (24-hour clock):		
Reported on: / / Time Reported (24-hour clock):		
Supervisor:	Job Site:	Specific Location:

Equipment Information	
List of Equipment Lost / Damaged / Stolen (Please Specify)	
Equipment Identification Number(s)	
Equipment Location at Time of Loss / Damage / Theft	
How Was the Equipment Lost / Damaged /Stolen? (Complete Description)	
Description of Damage to Equipment	
Estimated Cost of Repair / Replacement	
Person Responsible for Equipment	



**Police Report**

Was the Equipment Loss/ Damage / Theft reported to the Police?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide:

Police Report Information	
Police File #:	Officer In Charge:
Station #:	Phone #:
Email:	

*A Police Report (if Theft) and replacement cost invoice must be attached.*

**Acknowledgement & Agreement**

\_\_\_\_\_  
Associate Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature (If Applicable) \_\_\_\_\_  
Date



**Loss, Damage, or Theft Investigation Report**

This is to certify that \_\_\_\_\_ (Supervisor and/or Operations Administrator) has thoroughly investigated the report of lost / damaged / stolen property or equipment reported by \_\_\_\_\_ (Associate) on \_\_\_\_\_ (date) at \_\_\_\_\_ am/pm.

The following records the specific facts that the associated above reported:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After a thorough investigation of the reported facts, it has been determined that:

\_\_\_\_\_ The associate **IS NOT** responsible for the lost / damaged / stolen Triad Care, Inc. property/equipment.

\_\_\_\_\_ The associate **IS** responsible for the lost / damaged / stolen Triad Care, Inc. property/equipment.  
The following appropriate disciplinary action has been recommended.

**Recommendation**

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Administrator Signature

\_\_\_\_\_  
Date

**Reimbursement Tracking**

Property or Equipment Lost / Damaged / Stolen:

Replacement Cost:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Company has been reimbursed on \_\_\_\_\_ (date / dates)

\_\_\_\_\_ Cost has not been reimbursed.

**Recommendation for Further Action**

\_\_\_\_\_