

**YOUTH SERVICES
Lost Tool Report**

BCCY
 SCY
 SCYC

DATE of Incident: _____

TO: Director
Tool Control Officer
Safety Officer

FROM: _____ (Assigned Tool Location)

The following tool is being reported as lost or missing as indicated below:

Lost Tool
 Missing Tool

Description of Tool:	
Size of Tool:	
Tool Inventory Number:	
Date & Time Tool was Last Accounted for:	
Name of Person Accountable for Tool:	
Describe in Detail the Circumstances of Lost/Missing Tool:	
Describe in Detail the Efforts Made to Find or Recover the Tool:	
List any Action Taken Against Person Held Accountable for Tool:	

Report of Recovery of Lost/Missing Tool
 (To be completed in the event the lost/missing tool is found or recovered)

Describe in Detail the Circumstances of Recovery:

Signature of Reporting Staff

Date of Report