



CONEJO VALLEY UNIFIED SCHOOL DISTRICT THEFT / DAMAGE REPORT

SCHOOL SITE / LOCATION: _____

WORK ORDER SUBMITTED? YES NO

DATE DISCOVERED: _____

WORK ORDER NO: _____

TIME: _____

POLICE REPORT: YES NO

REPORTED BY: _____

POLICE REPORT NO: _____

REVIEWED BY: _____

POLICE REPORT DATE: _____

DESCRIPTION OF THEFT OR DAMAGE • GIVE COMPLETE INFORMATION • ONE FORM PER INCIDENT	THEFT				DAMAGE		
	AGE / DATE PURCHASED	BRAND NAME	MODEL / SERIAL NO.	ESTIMATED REPLACEMENT COST	ESTIMATED MATERIAL COST	ESTIMATED LABOR COST	ESTIMATED TOTAL COST
PREVENTATIVE ACTION TAKEN:							

MAINTENANCE & OPERATIONS SUPERVISOR: _____

SUBMIT COMPLETED FORM TO RISK MANAGEMENT

DATE: _____

DATE RECEIVED: _____