



# ELECTRONIC EQUIPMENT INVENTORY CHECKLIST

State Form 54332 (R / 7-13)  
DEPARTMENT OF CHILD SERVICES

|                        |  |  |  |
|------------------------|--|--|--|
| Name of employee       |  | Date (month, day, year)                    |  |
| DCS location           |  |  |  |
| Docking station number |  | Laptop State tag number (asset tag number) |  |

## ISSUANCE

**Instructions at issuance:** The DCS employee's immediate supervisor or designee must fill this form out completely when issuing electronic equipment. This form must be maintained in the employee's personnel file and must be updated when a DCS employee reports that an item issued initially has been stolen, broken, etc. The employee's immediate supervisor or designee must update this form, by having the employee sign and date changes on this form, acknowledging the issuance of any new equipment.

|   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Laptop                             | <input type="checkbox"/> Cellular telephone car charger   | Other items:                   |
| <input type="checkbox"/> Docking station                    | <input type="checkbox"/> Camera                           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Power cord for docking station     | <input type="checkbox"/> Camera charger                   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Power cord for laptop              | <input type="checkbox"/> Mobile Wi-Fi hotspot and charger | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Laptop car charger                 | <input type="checkbox"/> Network cable                    | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Laptop bag                         | <input type="checkbox"/> Media card                       |                                |
| <input type="checkbox"/> Cellular telephone (Number: _____) | <input type="checkbox"/> USB cable                        |                                |
| <input type="checkbox"/> Cellular telephone charger         | <input type="checkbox"/> USB drive                        |                                |

I hereby acknowledge receiving the equipment checked above. I understand that by signing below, I acknowledge receiving the item(s) and agree to abide by the Electronic Equipment Issuance and Return policy.

|  |  |                         |  |
|--|--|-------------------------|--|
| Signature of DCS employee                  |  | Date (month, day, year) |  |
| Printed name of DCS employee               |  |                         |  |
| Signature of DCS supervisor or designee    |  | Date (month, day, year) |  |
| Printed name of DCS supervisor or designee |  |                         |  |

## EQUIPMENT REPLACEMENT

**Instructions for replacement:** If an item is lost, stolen, broken, or reissued check the appropriate box, write on the lines provided which item was replaced, and initial and date to indicate the equipment was replaced. If the item is a laptop, please include the laptop State tag number (asset tag number).

|                               |                                 |  |                                   |
|-------------------------------|---------------------------------|--|-----------------------------------|
| Reason for replacement        |                                 |  |                                   |
| <input type="checkbox"/> Lost | <input type="checkbox"/> Stolen | <input type="checkbox"/> Broken        | <input type="checkbox"/> Reissued |
| -----                         |                                 |  |                                   |
| -----                         |                                 |  |                                   |
| Initials of DCS employee      | Date (month, day, year)         | Initials of DCS supervisor or designee | Date (month, day, year)           |

**EQUIPMENT REPLACEMENT (continued)**

|                                 |                         |  |                         |
|---------------------------------|-------------------------|--|-------------------------|
| Reason for replacement          |                         |  |                         |
| <input type="checkbox"/> Lost   |                         | <input type="checkbox"/> Stolen        |                         |
| <input type="checkbox"/> Broken |                         | <input type="checkbox"/> Reissued      |                         |
|                                 |                         |  |                         |
| -----                           |                         |  |                         |
| -----                           |                         |  |                         |
| Initials of DCS employee        | Date (month, day, year) | Initials of DCS supervisor or designee | Date (month, day, year) |
| Reason for replacement          |                         |  |                         |
| <input type="checkbox"/> Lost   |                         | <input type="checkbox"/> Stolen        |                         |
| <input type="checkbox"/> Broken |                         | <input type="checkbox"/> Reissued      |                         |
|                                 |                         |  |                         |
| -----                           |                         |  |                         |
| -----                           |                         |  |                         |
| Initials of DCS employee        | Date (month, day, year) | Initials of DCS supervisor or designee | Date (month, day, year) |
| Reason for replacement          |                         |  |                         |
| <input type="checkbox"/> Lost   |                         | <input type="checkbox"/> Stolen        |                         |
| <input type="checkbox"/> Broken |                         | <input type="checkbox"/> Reissued      |                         |
|                                 |                         |  |                         |
| -----                           |                         |  |                         |
| -----                           |                         |  |                         |
| Initials of DCS employee        | Date (month, day, year) | Initials of DCS supervisor or designee | Date (month, day, year) |
| Reason for replacement          |                         |  |                         |
| <input type="checkbox"/> Lost   |                         | <input type="checkbox"/> Stolen        |                         |
| <input type="checkbox"/> Broken |                         | <input type="checkbox"/> Reissued      |                         |
|                                 |                         |  |                         |
| -----                           |                         |  |                         |
| -----                           |                         |  |                         |
| Initials of DCS employee        | Date (month, day, year) | Initials of DCS supervisor or designee | Date (month, day, year) |

**RETURN**

**Instructions at return:** When a DCS employee leaves a DCS employment location the employee's immediate supervisor must utilize this original Electronic Equipment Inventory Checklist to confirm all items are accounted for or returned.

**Note:** The supervisor should submit a ticket to the IOT Helpdesk to return the **laptop, power cord for laptop, docking station, power cord for docking station, and laptop bag** the employee was issued. The supervisor should contact DCS IT Support Services to return any additional equipment issued to the employee.

I hereby acknowledge that the above named employee returned all equipment listed above. I understand that by signing below, I am acknowledging the return of all items.

|  |                         |
|--|-------------------------|
| Signature of DCS employee                  | Date (month, day, year) |
| Printed name of DCS employee               |                         |
| Signature of DCS supervisor or designee    | Date (month, day, year) |
| Printed name of DCS supervisor or designee |                         |