

Lost/Stolen Equipment Report

Form Instructions

Purpose

The *Lost/Stolen Equipment Report* Form was developed to enhance MCG's asset management process, and as necessary, to provide details should an internal investigation be warranted when regulated or sensitive data was stored on a lost or stolen "smart" device.

The following instructions are provided to assure critical information concerning lost or stolen equipment is reported in a timely manner, as well as to keep MCG senior management informed.

Process Instructions

1. Complete the online form, print, sign and submit as directed.
2. The *Lost/Stolen Equipment Report* Form must be completed by the Department's Assistant Property Control Officer for each incident in which a PC; a laptop; a Blackberry; a scanner; a copier; a printer; etc. is identified as being possibly lost or stolen.

For example, if a laptop is missing or stolen, then one report must be submitted to properly identify the property and to provide information as to its use. Two missing laptops would require two separate reports, etc.
3. Each item of lost or stolen property must be reported as soon as it becomes apparent that the Department is no longer able to account for its whereabouts.
4. Each completed report must be signed and dated by the Department Head.
5. The Department Head (or designee) must assure a signed report copy is promptly forwarded to the Department's appropriate Cabinet member.
6. Identify this Cabinet member and the forwarding date in the space provided at the bottom of the form.
7. The original signed report is to be promptly forwarded to Assets Management (Annex I, HSB 336) and is intended to coincide with a lost/stolen property report to Public Safety.

Form Instructions

Contact Information

- Dept. Name-- Identify the reporting department
- Date--Report date
- Dept Head-- The name of the Department Head signing the report.
- Phone #-- The MCG office phone number of the Department Head.
- Asst. Property Control Officer-- The name of the Assistant Property Control Officer completing the report.
- Phone#--The MCG office phone number of the Assistant Property Control Officer

Identifying Lost/Stolen Property

- Tag Number -- The MCG property tag number (Bar Code) which is physically attached to the equipment
- Principled Assigned Location--Where the property is used or kept?
 - Example: HS 3135 or for home use, 123 Easy Street, Augusta, GA 30912
- Serial Number-- As listed on the Inventory Listing
- Description/ Manufacturer/ Model--- as listed on the Inventory Listing
 - Example: Laptop/Dell/PP18L
- Is the device's power cord lost/stolen, too?-- Respond "Yes" or "No" or "Unknown"
- Operating System-- MAC or Windows
 - Example: Windows XP Professional
- Notify local law enforcement if lost or stolen from an off campus location
- Specific Location where lost/stolen-- Provide as much information related to the last known location - office, home, hotel, airport, street, city, state, zip, country
 - Examples:
 - MCG Annex Building, HS 3135, Walton Way & 15th Street, Augusta Georgia, 30912
 - Westin City Center, 1400 M Street NW, Washington, DC, 20005
 - IKEA AB. Visiting Address: Ikeag. 7. SE-343 81 ÄLMHULT Sweden
 - Hartsfield-Jackson Atlanta International Airport 6000 North Terminal Parkway, Atlanta, Georgia 30320, Gate: B21, Airtran
- Approximate Date Last Used/Last Seen-- Month, Day, Year
- Date When Loss Discovered--Month, Day, Year may vary from date last used/seen
- Actions Leading to Discovery of Loss/Theft-- Provide a detailed explanation as to how missing/lost status was determined, what was done to locate the equipment and the reason for the loss, if known.

Due Diligence Reporting

Note: The Assistant Property Control Manager must collaborate with the equipment's "owner" to provide the following details:

- Person Assigned Property-- Provide Name and MCG Building Name /Room# and Phone #
 - Example: John Doe, MD, Pavilion I, AF 123, 1-1224
- Was the device password protected? Respond "Yes" or "No"
- Check any type(s) of data saved to the device's "C" drive, "My Documents" or memory?
 - Check any combination of data stored to the device. Be sure to list any other data type not already listed on the report form. If there is no data saved to the device, then be sure to check "none."

Action Taken to Address the Loss/Theft of the Equipment with Responsible Individual

The Department Head is responsible for completing this narrative. If no action was taken, then should be noted here. If the loss is due to negligence, the responsible employee can be held financially liable.

Questions about the reporting process or form?

Contact the Office of Asset Management at 706 721- 1796.

LOST/STOLEN EQUIPMENT REPORT

To Be Completed by the Assistant Property Control Officer

Dept. Name: _____

Date: _____

Dept. Head: _____

Phone# _____

Asst. Property Control
Officer: _____

Phone# _____

Identify Lost/Stolen Property by completing the following information:

Tag Number	_____	Serial #	_____	Principal Assigned Location	_____
Description/Manufacturer/ Model	_____				
Is the device's power cord lost / stolen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Operating System	_____
Where was Property Lost/Stolen?				Local Police Notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Provide Specifics: Office Address or Home or Other Location, Street, City, Zip, Country)				Police Report #	_____
Approximate Date Last Used/Last Seen				Date When Loss Noticed:	_____
Details of Loss	_____				
(Explain actions leading to discovery; steps taken to locate; reason for loss)	_____				

Due Diligence Reporting:

- Person assigned property: Name: _____
Bldg./Rm. #/Phone #: _____
- Was the device password protected? Yes ☐ No ☐

3. Check any type(s) of data saved to the device's "C" drive, "My Documents," or memory: (next page)

- | | |
|---|--|
| <input type="checkbox"/> Names | <input type="checkbox"/> Bank Account Information |
| <input type="checkbox"/> Mother's Maiden Name | <input type="checkbox"/> Checking/Saving Account Information |
| <input type="checkbox"/> Dates of Birth | <input type="checkbox"/> Medical Insurance Information |
| <input type="checkbox"/> Telephone Numbers | <input type="checkbox"/> Health Information |
| <input type="checkbox"/> Names of Spouses and Children | <input type="checkbox"/> Protected Health Information |
| <input type="checkbox"/> Mailing /Street Address/Zip | <input type="checkbox"/> Medical Data |
| <input type="checkbox"/> Medical Record Numbers | <input type="checkbox"/> Passport/Immigration Information |
| <input type="checkbox"/> SSN | <input type="checkbox"/> Payroll/Compensation |
| <input type="checkbox"/> Fax/Telephone Numbers | <input type="checkbox"/> Financial Data |
| <input type="checkbox"/> Tax Identification Numbers | <input type="checkbox"/> Research Data |
| <input type="checkbox"/> Credit/Debit Card Numbers | <input type="checkbox"/> Donor/Funding Sources |
| <input type="checkbox"/> Personal Identification Numbers (PINs) | <input type="checkbox"/> Email Address |
| <input type="checkbox"/> Insurance ID Numbers | <input type="checkbox"/> Passwords |
| <input type="checkbox"/> Driver's License Numbers | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> License/Tag Numbers | <input type="checkbox"/> Digital Images/Videos/Audio of Humans |
| <input type="checkbox"/> Bank Account Numbers | <input type="checkbox"/> Biometric Identifiers |
| <input type="checkbox"/> Certificate/License Numbers | <input type="checkbox"/> Vehicle Identifiers |
| <input type="checkbox"/> Device Identifiers and Serial Numbers | <input type="checkbox"/> IP Addresses |
| <input type="checkbox"/> Employee/Student ID Numbers | |
| <input type="checkbox"/> Student Educational Records | |
| <input type="checkbox"/> None | |

List Other Identifiable Data or Institutional Data Saved: _____

4. Action taken by the Department Head to address the loss/ theft of the equipment with responsible individual:

Dept. Head
Printed Name: _____
Dept. Head
Signature _____

CC: _____ Date of Notification to Cabinet Member: _____
(Cabinet Member's Name)

This form is finalized when the following are completed:

- Signed by the Department Head
- Original to the Office of Asset Management
- Copy to Cabinet Member