

SOUTH CAROLINA DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

The DDSN Central Office, IT Division, must be notified immediately of any missing electronic equipment. Fax a copy of this form to: (803) 898-9658

SECTION I:

Date: \_\_\_\_\_ Building No.: \_\_\_\_\_ Program: \_\_\_\_\_ Region: \_\_\_\_\_

LIST OF PROPERTY (please note if the property listed below includes any electronic devices (i.e., cell phone, IPAD, laptop, USB sticks, etc.), then the IT Security Officer MUST be notified immediately)

QUANTITY	DESCRIPTION	DECAL OR SERIAL NO.	ESTIMATED VALUE
TOTAL VALUE			

PROPERTY OWNED BY:

DDSN CLIENT (NAME): \_\_\_\_\_  DDSN  
 DDSN EMPLOYEE (NAME): \_\_\_\_\_  OTHER (Specify): \_\_\_\_\_

COMMENTS AND SPECIFIC INFORMATION CONCERNING THIS LOSS (Include how this loss was discovered and where it originated if possible)

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

DISCOVERED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
REPORTED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_

SECTION II: FOLLOW-UP AND PREVENTION (Include remarks and recommendations on how this type of loss could be prevented)

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

DDSN CENTRAL OFFICE  
INFORMATION SECURITY OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_  
SECURITY OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: Facility Administrator, Security/Safety Officer, DDSN Central Office IT Division, DDSN Audit, Originating Section Program Administrator