



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

PHONE: (402) 287-2061

FAX: (402) 287-2065

www.esu1.org



Equipment Incident Report

ESU #1 employees are required to report any damage, loss or theft of ESU #1 owned and operated equipment, and submit a completed copy of this form within 48 hours of the incident.

Please note that where an injury occurs as a result of any damage, loss or theft of ESU #1 owned and operated equipment, employees are required to report the incident immediately, and submit a completed Accident Report.

Damage/Loss/Theft – Reported by

Employee Name: _____ Department: _____

Position/Title: _____ Phone: _____ Email: _____

Incident Information

Incident Date: _____ Time of Incident: _____ Report Date: _____ Time Reported: _____

Supervisor: _____ Equipment Location: _____

Equipment Information

List of Equipment Damaged/Lost/Stolen (Please Specify)

Equipment Identification Number (s)

How was the Equipment Damaged/Lost/Stolen?

Person Responsible for Equipment

Was the Equipment Damage/Loss/Theft reported to the Police? Yes No
A Police report and replacement cost invoice must be attached.

Acknowledge & Agreement

Employee Signature: _____ Date: _____

Equipment Repair Approved by: _____ Date: _____

Submit completed copy to ESU #1 Central Office.

OFFICE USE ONLY

Copy to George Hefner	Date: _____
Equipment to George Hefner	Date: _____
Repair completed	Date: _____
Repaired item returned	Date: _____
Equipment returned to employee	Date: _____
Estimated Cost: _____	Actual Cost: _____