

**SOUTH CAROLINA DISABILITIES AND SPECIAL NEEDS  
MISSING PROPERTY REPORT**

**SECTION I:**

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

**LIST OF PROPERTY**

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)

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\_\_\_\_\_

\_\_\_\_\_

SECURITY OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISTRIBUTION:** Facility Administrator, Security/Safety Officer, DDSN Audit, Originating Section Program Administrator