

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

REPORT OF EQUIPMENT LOSS

Department _____ Date Prepared _____

Address _____ Period Covered _____

Preparer's Name and Phone Number _____

Identifying Equipment No.	Description of Equipment	Dept. No.	Mo./Yr. Acquired	Date of Loss	Acquisition Cost

State result of investigations and describe action taken to eliminate or minimize recurrence of such loss:

Signature of Department Head or Assistant