

INSTITUTION

To: CHIEF CORRECTIONAL SUPERVISOR

Date:

From: (Shop or Area Foreman) - Name

Shop

The following tool is being reported as lost or missing:

<u>Description</u>	<u>Size</u>	<u>Inmate assigned to & register #</u>
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Date tool was last accounted for	Time	Person accountable
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Circumstances of lost or missing tool

Efforts made to find or recover tool

Action taken against inmate to whom tool was assigned

REPORT OF RECOVERY OF LOST OR MISSING TOOL

(To be completed in the event the missing tool is recovered. This report is to be signed by Shop or Area Foreman. This form will be retained by Chief Correctional Supervisor and all other copies will be destroyed.)

Circumstances of Recovery

Signature of SHOP or AREA FOREMAN

DATE