**Missing Asset Form Date :**

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **Comment** |
| 1. Vehicle #, Base or Station Name where asset was last seen \* |  |  |
| 1. Asset Type **\***   (Please choose one) | * Carry Chair * Combi-Carrier * Fixed Vehicle Radio * Glucomete * GPS * Handheld Radio * Heartstart AED * Heartstart MRX * KED * Laerdal Suction Unit * Laryngoscope * Lifepack CR Plus * Lifepack 1000 * Lifepack 15 * Lucas 2 * MDT * Mobile Phone * Power Driver / EZ I0 * Pulse Oximeter * Scoop Stretcher * Spinal Board * Stryker/Other Stretcher * ZOLL * Other (Pls Specify in comments |  |
| 1. Asset # of Missing Item (NAxxxx) \* |  |  |
| 1. Which manager / supervisor has been informed? \* |  | Date |
| 1. Last person to verify the asset?\* |  | Date |
| 1. Comments for Lost / Missing Asset |  |  |

**For final reporting process**

|  |  |  |
| --- | --- | --- |
|  | Name & staff ID | Signature |
| Reported by |  |  |
| EMT Lead |  |  |
| Station manager |  |  |
| Comments: | |

**Date : Stamp:**