This form is made pursuant to Inspectors Credentials Control Order No. **TCAA/O/CS/26**

SECTION A: STAFF INFORMATION

Full Name: .....

Job Title: .....

Section: .....

Employee Number: .....

Phone Number: .....

Email: .....

Date of Reporting: .....

SECTION B: ITEM INFORMATION

☐ Inspector Credential

☐ Laptop

☐ Protective Gear (e.g. Safety Shoes, Reflector)

☐ Other (Specify): .....

Date Item was Lost/Damaged: .....

SECTION C: INCIDENT DESCRIPTION (Briefly - how the item was lost, stolen, or damaged)

.....

.....

.....

SECTION D: ACTION TAKEN

Was the loss/damage reported to the Police? ☐ Yes ☐ No

- If Yes, Police Report Reference No.: .....
- Date Reported: .....
- Other Actions Taken: .....

SECTION E: DECLARATION

I hereby declare that the information provided is true and complete to the best of my knowledge.

Staff Signature: ..... **Date:**.....