

	TANZANIA CIVIL AVIATION AUTHORITY	Revision: 0
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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)

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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

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

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

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