



School	Room Number	Teacher	Grade Level	Tech Dept. Use Only
				Item Received by: _____ Date Received: _____ Repairable? Y N If repairable: Date Sent to depot: _____ Date Returned: _____
Incident Date	Approximate Time of Incident	Incident Type	Location of Incident	
		Liquid Spill		
		Device Dropped		
		Vandalism		
		Other		
Device Type	Is Device Part of Class Cart Set? Y N If Yes, please indicate Cart #:	Device Asset Number	Device Serial Number	
Description of Damage				
Description of Incident (<i>describe how the incident occurred</i>)				
Form Completed By:	Signature:	Date:		