



P.A.S.D. Device Incident Report

Incident Date: _____ Student Name: _____

Date Reported: _____ Building: _____ Grade: _____

Passcode to unlock device: _____ Serial Number: _____

Description of Incident: _____

Description of Damage: _____ Broken Screen _____ Damaged Case _____ Liquid Damage

_____ Inoperative buttons, parts, etc.: please indicate: _____

Other: _____

Student Signature: _____

Principal Signature: _____ Date: _____

Office Use Only:

Technology Fee Paid? _____ Yes _____ No Incident Covered? _____ Yes _____ No

If fee was paid - 1st Incident is covered unless lost or stolen - 2nd Incident is a \$99 charge unless lost or stolen (see TechForm1).

If fee not paid - All Incidents require full repair/replacement costs.

1st Incident _____ 2nd Incident _____ 3rd Incident _____ No Incident Assessed _____

Student Cost: \$ _____

Technology Department Use Only:

Repair Description: _____

Work Order # _____

Repair Cost: \$ _____ Replacement Cost (if necessary): \$ _____

Serial Number: _____ Repair Date: _____

Return Date to Student: _____

Technology Signature: _____ Date: _____

TechForm7