

Departmental Loss Register Record Sheet

Department: _____	Date: _____
Person Reporting: _____	Designation: _____

Loss Record Details

Date of Loss	Description of Item(s)	Quantity	Estimated Value	Nature/Cause of Loss	Location	Reported To	Action
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Investigated By: Name & Signature _____	Date: _____
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Approved By: Name & Signature _____	Date: _____
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Important Notes:

- All departmental losses must be promptly recorded and reported using this sheet.
- Ensure accurate and complete details for each loss incident.
- Investigations and management approvals are mandatory for each entry.
- This document should be stored securely for auditing and compliance.
- Regular reviews minimize risks and help prevent recurrent losses.