



ELECTRONIC EQUIPMENT INVENTORY CHECKLIST
 State Form 54332 (R2 / 4-22)
 DEPARTMENT OF CHILD SERVICES

Instructions: Upon **issuance of equipment**, the DCS employee's immediate supervisor or designee must fill this form out completely when issuing electronic equipment. This form must be maintained in the employee's personnel file. If the DCS employee reports an item is **lost, stolen, broken, or reissued**, this form must be updated. The employee's immediate supervisor or designee must update this form, by having the employee sign and date changes on this form, acknowledging the issuance of any new equipment. Upon **return of equipment**, when a DCS employee leaves DCS employment, the employee's immediate supervisor must use this original Electronic Equipment Inventory Checklist to confirm all items are accounted for or returned. See policy [GA-4-Electronic Equipment Issuance and Return](#) for further guidance.

Name of employee		Date (month, day, year)	
DCS location			
Docking station number		Computer State tag number (asset tag number)	
ISSUANCE			
<input type="checkbox"/> Computer (i.e., laptop, tablet, or desktop) <input type="checkbox"/> Docking station <input type="checkbox"/> Power cord for docking station <input type="checkbox"/> Power cord for computer <input type="checkbox"/> Travel charger <input type="checkbox"/> Laptop/tablet bag <input type="checkbox"/> Stylus <input type="checkbox"/> Stylus Charger <input type="checkbox"/> Cellular telephone (Number: _____) <input type="checkbox"/> Cellular telephone charger			
		<input type="checkbox"/> Cellular telephone car charger <input type="checkbox"/> Cellular phone case <input type="checkbox"/> Tablet case	
		Other items: <input type="checkbox"/> Mi-fi Hot Spot (Number _____) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
I hereby acknowledge receiving the equipment checked above. I understand that by signing below, I acknowledge receiving the item(s) and agree to abide by the Electronic Equipment Issuance and Return policy.			
Signature of DCS employee		Date (month, day, year)	
Printed name of DCS employee			
Signature of DCS supervisor or designee		Date (month, day, year)	
Printed name of DCS supervisor or designee			
EQUIPMENT REPLACEMENT			
Instructions for replacement: If an item is lost, stolen, broken, or reissued check the appropriate box, write on the lines provided which item was replaced, and initial and date to indicate the equipment was replaced. If the item is a laptop, please include the laptop State tag number (asset tag number).			
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>			
Initials of DCS employee	Date (month, day, year)	Initials of DCS supervisor or designee	Date (month, day, year)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
EQUIPMENT REPLACEMENT (continued)			

Initials of DCS employee	Date (<i>month, day, year</i>)	Initials of DCS supervisor or designee	Date (<i>month, day, year</i>)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
Initials of DCS employee	Date (<i>month, day, year</i>)	Initials of DCS supervisor or designee	Date (<i>month, day, year</i>)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
Initials of DCS employee	Date (<i>month, day, year</i>)	Initials of DCS supervisor or designee	Date (<i>month, day, year</i>)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
Initials of DCS employee	Date (<i>month, day, year</i>)	Initials of DCS supervisor or designee	Date (<i>month, day, year</i>)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
Initials of DCS employee	Date (<i>month, day, year</i>)	Initials of DCS supervisor or designee	Date (<i>month, day, year</i>)
Reason for replacement <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Reissued <input type="checkbox"/> Other			
RETURN			
<p>For computers, the supervisor or designee should open this website: https://vsm.iot.in.gov/vsm/portal.aspx and select the DCS - Computer/Tablet Return icon. Items to return for tablets: tablet, power cord for tablet, docking station, power cord for docking station, travel charger, laptop bag, tablet case, stylus, and stylus charger. Items to return for laptops: laptop, power cord for laptop, docking station, power cord for docking station, travel charger, and laptop bag.</p> <p>Note: The supervisor or designee should contact the county/unit cellular coordinator to return cellular equipment.</p>			
I hereby acknowledge that the above named employee returned all equipment listed above. I understand that by signing below, I am acknowledging the return of all items.			
Signature of DCS employee			Date (<i>month, day, year</i>)
Printed name of DCS employee			
Signature of DCS supervisor or designee			Date (<i>month, day, year</i>)
Printed name of DCS supervisor or designee			