

Security Department

Recovered Item Record

Date of Recovery

YYYY-MM-DD

Time

HH:MM

Location Found

Enter location

Recovered By

Name of recovering personnel

Item Description

Detailed description of recovered item

Identifying Marks / Serial Number

If any

Condition of Item

e.g. Good, Damaged, etc.

Owner (if known)

Name of owner, if known

Contact Details

Phone/Email, if available

Additional Notes

Any other relevant details

Date Claimed	Claimed By	ID/Proof Provided	Signature

Date / Signature (Recovered By)

Date / Signature (Supervisor)

This record is confidential and for Security Department use only.