



FAX: 1-604-485-2759  
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# Equipment Loss Report

For reporting and/or replacement of lost receivers and transmitters.

Student NAME: \_\_\_\_\_ Date: \_\_\_\_\_

SD#: \_\_\_\_\_ School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Clinic/Audiologist: \_\_\_\_\_

**LOST Transmitter:** Model \_\_\_\_\_ Serial # \_\_\_\_\_ Channel:

**LOST Receiver(s):**  
Model \_\_\_\_\_ Serial # \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

**If replacing a lost receiver, please provide the hearing instrument information.**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Please provide model and colour of audio shoe(s) IF LOST with receiver(s), or indicate if CI adaptor (N5) replacement required.**

Model: \_\_\_\_\_ Colour: \_\_\_\_\_

**LOST Accessories:**    Charger    USB    Input (Audio) Cord    Mic    Case    Adaptor    Lanyard    Belt Clip

Other: \_\_\_\_\_

**Reason for Replacement – Please provide details for request.**                      Loss                      Damage                      Other

**School/District Authorization**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ship To:**

**Not Replacing Lost Equipment**