



PLANT SECURITY REPORT

Leon County School District
2757 West Pensacola St.
Tallahassee, Florida 32304

LCS - 9841-1101
Revised Sept 2024

Cost Center #: _____

Date of Report: _____

General Information

Please answer all questions & include all backup, including Property Control Forms.

Site: _____ Address: _____ Phone: _____

Date & Time of Incident: _____ Investigating Agency(s): _____

Name of Investigator(s): _____ Case #: _____

Forcible Entry: Yes No How: _____ Location: _____

Custodial Hours for Cleanup: _____ Maintenance Dept. Called: Yes No WO #: _____

Type of Damage: Vandalism Theft Fire Accident
Wind/Storm Other: _____

Place of Entry: Classroom Cafeteria Library Office
Washroom Gym Other: _____

FISH #'s of Damaged Rooms: _____

Materials & Equipment Stolen, Destroyed or Damaged *(include PC#)*

Bus / White Fleet Vandalism Information

Vehicle #: _____ Vehicle Type: _____ Site Assigned To: _____

Bus #: _____ Bus Driver's Name: _____ Person in Charge: _____

What Type of Run: Regular / Run # _____ Field Trip / Trip # _____

Description of Damage *(include location when damaged)*

Reported By Email Site Administrator Signature Email