

LOST ITEMS

Installation:

- ☐ CHSLD Heather ☐ CHSLD des Moulins ☐ CHSLD Émile McDuff
☐ CHSLD Louise-Faubert ☐ CHSLD Marguerite-Rocheleau ☐ CHSLD Michèle-Bohec

Resident's Name: _____ Room N°: _____

Lost Items

Clothes

Item was identified: Yes ☐ No ☐

Description (type of clothing, colour, size, fabric material, zipper, buttons, etc.)

Lost when? (day and date) _____

Other Items

Item's name: _____

Item was identified: Yes ☐ No ☐

Description (colour, gold, silver, etc.)

Lost when? (day and date) _____

Form filled by: _____

Date: _____

Found Items

Details (condition of the item when found, where, etc.)

Found on (day and date):

By (name and surname):

Nurse's Signature: _____ Date : _____