



# Report of Survey For Lost, Damaged, Or Destroyed Personal Property

**Survey #**  
(Office of Facilities to Assign #)

<b>Section 1: Employee Name</b>	<b>Office:</b>
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<b>Date:</b>	<b>Location:</b>
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Property category: <input type="checkbox"/> Furnishings <input type="checkbox"/> Office equipment <input type="checkbox"/> IT equipment <input type="checkbox"/> Communications equipment <input type="checkbox"/> A/V equipment <input type="checkbox"/> Law enforcement equipment <input type="checkbox"/> Official govt. vehicle <input type="checkbox"/> Badge/building pass <input type="checkbox"/> Other (specify):	Property status: <input type="checkbox"/> CSOSA-owned <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed <input type="checkbox"/> Leased	Property was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged/Destroyed <input type="checkbox"/> Recovered <input type="checkbox"/> Other (specify): On (date): _____  Office of Security notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No  Police report attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Bar Code Number	Description (make, model & serial# *Attach separate sheet if more than 4 items)	Quantity	Unit Cost	Total Cost
<b>Total</b>				

Explain circumstances causing property damage/loss (Dates, time, location, what, when, where, etc.):

<b>Employee - Print &amp; Sign Name</b>	Date:
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<b>Employee Supervisor - Print &amp; Sign Name,</b>	Date
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**STOP: Send original to Office of Facilities, Property Mgmt. Spec. 633 Ind., Suite 720**

<b>Property Management Specialist - Print &amp; Sign Name:</b>	Date:
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<b>IT Property Custodian Print &amp; Sign Name:</b>	Date:
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**( ) Property Management Officer (PMO) or ( ) Fleet Coordinator Recommendation:**

Refer to Board of Survey?  Yes     No (If No, state action to be taken.)

_____	_____	_____
Print Name	Signature	Date

**Section 2: Approving Official** Concur     Do Not Concur\_\_\_\_\_   
Print Name\_\_\_\_\_   
Signature\_\_\_\_\_   
Date**Section 3: Board of Survey/ Procurement / OIT Report**

Results of Investigation (facts, Findings, etc.)

Recommendation:

Board Member or Director Procurement Name:

Signature:

Board Member or OIT Customer Support Name:

Signature:

Board Member Name:

Signature:

Date:

**Section 4: To be completed by Property Management Officer (PMO)****Final actions:**

The instructions of the Approving Official regarding the disposition of the property have been accomplished and appropriate disposal action taken, abandonment, or destruction has been accomplished and witnessed as indicated. Property Accountability and fiscal records have been properly adjusted.

Property Management Officer Signature:

Date:

Witnessed by:

Date:

**Survey#** \_\_\_\_\_