

REPORT OF SURVEY

*(See Instructions § 103-25.51
HHS Materiel Management Manual)*

REPORT NUMBER _____

DATE OF REPORT _____

PAGES IN REPORT _____

1. _____ TO: _____	2. INDICATE ACCOUNTABLE AREA INVOLVED _____
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3. THE ITEMS LISTED BELOW WERE:

<input type="checkbox"/> LOST	<input type="checkbox"/> SHORT ON INVENTORY	<input type="checkbox"/> OTHER
<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	

IDENTIFICATION OR ITEM NUMBER	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	QUANTITY	TOTAL COST
					GRAND TOTAL
					\$ _____

4. EXPLANATION *(See instructions)* _____

Initiator _____ *(Signature)* _____ *(Title)* _____ *(Date)*

5. ADDITIONAL INFORMATION *(See instructions)* _____

Prop. Mgmt. or Accountable Officer _____ *(Name)* _____ *(Title)* _____ *(Date)*

6. APPOINTING ACTION. The individual(s) named below shall constitute a Board of Survey and shall investigate the above matter (item 1) in accordance with the HHS Materiel Management Manual §103-25.51.

CHAIRMAN (OR SURVEY OFFICER) _____
RECORDER _____
MEMBER _____
MEMBER..... _____
MEMBER _____

Appointing Official _____
(Signature) (Title) (Date)

7. FACTS, CONDITIONS, FINDINGS, ETC. of the Board-of-Survey or Survey Officer.

(Signature, Chairman or Survey Officer) (Date) (Recorder) (Date)

(Member) (Date) (Member) (Date)

(Member) (Date) (Member) (Date)

8. DETERMINING AUTHORITY CONCLUSIONS:

Determining Authority _____
(Signature) (Title) (Date)

9. FINAL ACTION: I certify that the instructions of the Determining Authority regarding disposition of the property have been accomplished and appropriate disposal action taken or abandonment or destruction has been accomplished and witnessed as indicated. Property Accountability records have been properly adjusted and voucher(s) processed to adjust the fiscal records.

Property Mgmt. or Accountable Official _____
(Signature) (Date)

10. DESTRUCTION OR ABANDONMENT WAS ACCOMPLISHED IN MY PRESENCE

Witness _____
(Signature) (Title) (Date)