

UNITED STATES DEPARTMENT OF THE INTERIOR REPORT OF SURVEY	Page _____ of _____ Report No. Date
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A. Originating Office and Telephone No. (include area code)	Accountable Office and Location
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The following items are: <i>(check one)</i> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Other <i>(specify)</i>	A statement of circumstances involving the identified property is attached. Signature of Accountable Officer: _____ Date: _____
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ITEM NO.	QUANTITY OR PROPERTY ID NO.	ITEM DESCRIPTION	ORIGINAL ACQUISITION COST (OAC)	CONDITION CODE <i>(See Reverse)</i>	ESTIMATED VALUE

B. To the best of my knowledge the attached statement(s) of circumstances are correct.			
Signature of Cognizant Employee: _____	Date: _____	Signature of Custodial Officer: _____	Date: _____

C. Board of Survey findings and determinations: A complete statement of Board findings and determinations is attached.	Signature of Board Chairperson: _____	Date: _____
Signature of Board Member: _____	Date: _____	Signature of Board Member: _____

D. Reviewing Authority: <input type="checkbox"/> Approved <input type="checkbox"/> Returned for technical insufficiency <i>(statement attached)</i> <input type="checkbox"/> Disagree with Board of Survey Findings and Determinations <i>(statement attached)</i>	Signature: _____	Date: _____
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E. Head of Bureau or Office: (required only for disagreement between Board and Reviewing Authority) Statement of resolution: _____	Signature: _____	Date: _____
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F. CERTIFICATE OF DISPOSITION/DESTRUCTION			
I certify that the Item(s) No _____ listed above have been destroyed, abandoned, or disposed of as directed by a Board of Survey.			
Official Responsible for Disposition/Destruction: _____	Title: _____	Signature: _____	Date: _____
Witness Name (for Destruction only): _____	Title: _____	Signature: _____	Date: _____
G. Adjustment to property records (Property Official Signature): _____	Date Completed: _____	Financial Official Signature (if Required): _____	Date Completed: _____