



GOVERNMENT OF THE U.S. VIRGIN ISLANDS

REPORT OF SURVEY



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Report No.

Date

Department/Agency/Bureau: _____

Location of Property: _____

TO: Board of Survey Survey Officer

Survey Member (Print Name & Sign)

Survey Member (Print Name & Sign)

Survey Member (Print Name & Sign)

You are requested to survey the items(s) listed below. Report on the present condition of the item(s) with recommendations as to disposition. All findings and recommendations regarding personal liability for loss, theft or damage must be reported.

Accountable Officer (Print Name & Sign)

Date

Agency Head (Print Name & Sign)

Date

Item No.	Asset ID No.	Description (Make, Model, SN, Color, etc.)	Original Cost	Federal/Local Funding	Funding Source	Account Code	*Condition	Est. Value	**Disposition

* Condition should be coded as follows (e.g., N1, O3, R2, etc.);

- N New
- E Used
- O Used (usable without repairs)
- R Used (repairs required)
- X No longer useful as originally intended

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

**Disposition Codes

- 1 Not needed (dispose of in accordance w/ applicable reg.)
- 2 Destruction
- 3 Abandonment
- 4 Donation to Public Bodies
- 5 Sale
- 6 Repairs (indicate needs)
- 7 Salvage usable parts and sell remainder as scrap
- 8 Reduce to scrap