



GOVERNMENT OF THE U.S. VIRGIN ISLANDS

REPORT OF SURVEY



Page _____ of _____
 Report No. _____
 Date _____

Department/Agency/Bureau: _____

Location of Property: _____

ROS Type: Regular Fire Natural Disaster DR# _____
i.e. Earthquake, Flood, Hurricane, Tsunami, etc.

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

Certificate of Disposition

FOR P&P USE ONLY

Property Inspector's Findings & Recommendation:

- This is to certify that the property listed hereon has been inspected by the undersigned and its condition and present estimated value are as shown. The findings listed below substantiate the recommended disposition set out on the face of this form.
- This is to certify that the circumstances surrounding loss, theft, or damage of the property listed hereon have been investigated by the undersigned and the findings and recommendations are listed below.

Comments: _____

_____ Date _____ Property Inspector _____ Title **Photo Attached (MANDATORY)**

Property Management's Recommendation (if none, so state): _____

_____ Date _____ Director, DPP

Reviewing Authority's Action: Approved Disapproved

_____ Date _____ Commissioner, DPP

Confirmation of Disposition

I CERTIFY that the property listed hereon has been disposed of in the following manner: _____

_____ Date _____ Signature _____ Title

Conclusion of Disposition

I CERTIFY that this form has been completed in accordance with applicable rules and regulations.

_____ Date _____ Print & Sign _____ Title

_____ Date _____ Print & Sign _____ Title