



BAINBRIDGE COLLEGE SURVEY REQUEST

Department Name: _____

Instructions:

Condition:

Account Number: _____

1. Give complete details
2. Retain the Department file copy for your records.
3. Form must be completed with signatures before forwarding to Property Manager
4. Attach second page for additional items

1. Excellent
2. Good
3. Fair
4. Poor
 - A. Useable
 - B. Unuseable

Initiated By: _____

Extention: _____

Date: _____

Decal No.	Location	Description (Include manufacturer, model, serial no.)	Acquisition Date	Cost	Condition

REASON FOR REQUEST:

_____ Lost, missing, or stolen (include copy of Police Report)

_____ Damaged or destroyed (Not repairable)

_____ Worn or obsolete

_____ Replaced by purchase of other equipment
(attach memo explaining need for replacement)

I certify that the above is complete and accurate.

Department Head Signature Date

Grant Manager Signature (if grant funded) Date

Department Vice President Signature Date

METHOD OF DISPOSITION:

_____ Transfer to another BC Dept: _____ Acct #: _____

_____ Trade-in or public sale/transfer to other non-profit organization

_____ Scrap and Dispose of as landfill

_____ Cannibalized _____ for parts _____ for educational purposes

SURVEY AUTHORITY ACTION:

_____ Approved per request: _____

_____ Suspended for: _____

_____ Disapproved because: _____

_____ Other: _____

FOR SURVEYING OF COMPUTERS:

_____ Drive was wiped clean of all data _____
Technician Signature Date

Property Manager Date

President's Cabinet Approval Date