

CNM PROPERTY CONTROL
Equipment Inventory Adjustment Document

Equipment Disposal Information

- Item obsolete/broken and no longer valuable to the institute. **Property Control will forward Work Order to S&R.**
- Item nonfunctional, but would like to keep for PARTS. (Computers cannot be kept for Parts.)
- Item traded in: PO# _____
- Item to be donated/sold to _____. CNM declares equipment taken out of service and released to the above organization "As Is" and makes no guarantee or warranty. All risk and responsibility of item passes to the above organization upon removal from CNM premises.

CNM Inventory # _____ Department Name: _____ Dept # _____ Date: _____

Description of Equipment: _____ Serial # _____

Item Cost: _____ Estimated Fair Market Value: _____

Purchase Date: _____ Present Location: _____

Describe general condition of property at present: _____

_____ Is the equipment in operating condition? _____

REQUIRED FOR ALL COMPUTERS: Prior to disposal, ITS shall sanitize or destroy hard drives, making all licensed software/electronic media pertaining to CNM inaccessible. ITS personnel must sign upon completion of required procedure.

ITS Staff Signature: _____

Equipment Missing, Lost, or Stolen Information

DEPARTMENT MUST REPORT TO SECURITY

CNM Inventory # _____ Department Name: _____ Dept # _____ Date: _____

Description of Equipment: _____ Serial # _____

Item Cost: _____ Purchase Date: _____

Person responsible for missing equipment: _____ Date noticed missing: _____

Room location last reported: _____ Date reported to Security _____ Officer's Name: _____

Equipment Transfer/Movement Information

- Item transferred to another Inventory Custodian/department.
- Item moved to new room location. **Move has been completed.**
- Forward Movement Request to Shipping & Receiving.** Movement of equipment required.

CNM Inventory # _____ Description & Serial # _____ Date of Move: _____

Location before move: _____ Originating Department # _____ Inventory Custodian: _____

Location after move: _____ Destination Department # _____ Inventory Custodian: _____

Released By Signature: _____ Accepted By Signature: _____

SIGNATURES REQUIRED

Initiator's Signature: _____ Dean/Supervisor: _____

Property Control Coordinator: _____ Date: _____