
CHAPTER 12
PERSONAL PROPERTY MANAGEMENT

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CHAPTER 12 Personal Property Management

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U.S.GPO:1980-239-841

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
PURCHASE/SERVICE/STOCK REQUISITION

BPA and Call No. _____

REQUISITION NUMBER 404888
OFFICE CODE/SYMBOL

TO _____	REQUEST FOR <input type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL/LEASE		
REQUESTING ORGANIZATION _____	CUSTODIAL AREA _____	DATE _____	OBJECT CLASS _____
FOR REFERENCE CALL _____	EXTENSION _____	APPROPRIATION _____	
DELIVER TO _____		DATE REQUIRED _____	

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL

I certify that the property/services requested are required for Government business, and are not available from excess or current assets.*	FUNDS AVAILABLE (Signature/Title)	DATE	TOTAL
REQUESTED BY (Signature/Title)*	DATE	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.	
RECOMMEND APPROVAL (Signature/Title)*	DATE	RECEIVING OFFICIAL (Signature/Title)	DATE
APPROVED BY (Signature/Title)*	DATE	ORDER NO. (PO, DO, FEDSTRIP, ETC.)	ORDER DATE
PROPERTY MANAGEMENT OFFICER (Signature)*	DATE	VOUCHER NO.	VOUCHER DATE

MANAGEMENT SERVICES

CHAPTER 12

PERSONAL PROPERTY MANAGEMENT

ITEMS REQUIRING USE STANDARDS

Use Standards, Items:

1. Office Furniture
2. Office Furnishings
3. Office Equipment, i.e., typewriters, copiers, calculators, _
etc.
4. Filing Cabinets
5. Carpeting
6. Flags

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: ACQUISITION OF ADP EQUIPMENT. SOFTWARE, MAINTENANCE, SUPPORT SERVICES, AND SERVICES.

Pursuant to the authority vested in the Director, Indian Health Service by the Reorganization Order of January 4, 1988, and the Director, Office of Management on March 17, 1986, I hereby delegate to the Associate director, Office of Administration and Management, the authority, with authority to redelegate, to approve acquisitions of ADP hardware, software, and services which meet the following criteria.

1. Competitive or GSA schedule acquisition (either lease or purchase) of ADP equipment costing up to (but not in excess of) \$150,000 total systems life cost; the dollar threshold for approval of ADP equipment leases being based on the purchase price of that equipment, not the lease cost.
2. Competitive or GSA schedule acquisition of ADP equipment maintenance services costing up to (but not in excess of) \$500,000 annual cost.
3. Competitive, Interagency, or GSA schedule acquisition of ADP support services costing up to (but not in excess of) \$150,000 total systems acquisition cost.
4. Competitive acquisition of ADP software packages costing-up to (but not in excess of) \$150,000 annual cost or GSA schedule acquisition of ADP software packages costing up to (but not in excess of) \$300,000 annual cost.
5. Competitive, Interagency, or GSA teleprocessing services program (TSP) acquisition of ADP services costing up to but not in excess of) \$150,000 annual cost.
6. Sole source of acquisition of any of the above listed ADP items up to (but not in excess of) \$50,000; the dollar threshold for approval of sole source ADP equipment leases being based on the purchase cost (not the lease cost) of the equipment.

AUTHORITY TO REDELEGATE

The authority herein delegated to the Associate Director, Office of Administration and Management, may be redelegated to the Associate Director, Office of Information Resources Management, for further redelegation to Area Directors and Area Information Systems Coordinators.

GENERAL

CHAPTER 5
DELEGATIONS Of Authority

NOTIFICATION OF REDELEGATION

The Associate director, Office of Administration and Management shall notify the Director, Division of ADP and telecommunications Management (OATM), Office of Organization and Management System (OOMS) Office of Management Public Health Service, in writing, of the authorized signatories ("ADP Resources Management Officials" and dollar threshold level delegated within, their organization and any changes In this Information.

ACCOUNTABILITY

A redelegation to the Associate Director, Office of Information Resources Management and Area Directors does not alleviate the Director, IHS, or Associate Director, Office of Administration and Management, from accountability for my acquisitions of ADP resources made under this delegation of authority.

INFORMATION AND GUIDANCE

The authority herein delegated shall be exercised in accordance with the provisions of the HHS Information Resources Management (IRM) manual. all PHS supplements thereto, and any other applicable directive of Particular note, those holding delegated authority to approve ADP acquisitions must understand and promote the acquisition policies listed In Section 4-00-20 of the HHS IRM manual, and must maintain accurate records of all ADP acquisition approval granted under this authority.

PRIOR DELEGATIONS

All previous delegations of the authority are superseded.

EFFECTIVE DATE

These delegation are effective upon date of signature.

10 May 88
Date


Director
Indian Health Service

GENERAL

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: ACQUISITION OF ADP EQUIPMENT. SOFTWARE, MAINTENANCE, SUPPORT SERVICES. AND SERVICES

Pursuant to the authority vested in the Associate Director, Office of Administration and Management, Indian Health Service on May 10, 1988 I hereby delegate to the Associate Director Office of Information Resources Management. IHS the authority, with authority to redelegate to Area Directors and Area Information Systems Coordinator, to approve acquisitions of ADP hardware, software, and services which meet the following criteria

1. Competitive or GSA schedule acquisition (either lease or purchase) of ADP equipment costing up to but not in excess of) \$150,000 total systems life cost: the dollar threshold for approval of ADP equipment leases being based on the purchased price of that equipment, not the lease cost.
2. Competitive or GSA schedule acquisition of ADP equipment maintenance , services costing up to (but not in excess of) \$500,000 annual cost.
3. competitive Interagency, or GSA schedule acquisition of ADP support services costing up to (but not in excess of) \$150,000 total systems acquisition cost.
4. Competitive acquisition of ADP, software packages costing up to (but not in excess of) \$150,000 annual cost or GSA schedule acquisition of ADP software packages costing up to (but not in excess of) \$300,000 annual cost.
5. Competitive. Intraagency, or GSA teleprocessing services program CTSP) acquisition of ADP services costing up to (but not in excess of) \$150,000 annual cost.
6. Sole source of acquisition of any of the above listed ADP Items up to (but not in excess of) \$50,000: the dollar threshold for approval of sole source ADP equipment leases being based on the purchase cost (not the least cost) of the equipment.

AUTHORITY TO REDELEGATE

This authority may be further redelegated as stated above.

CHAPTER 5
DELEGATIONS OF AUTHORITY

NOTIFICATION OF REDELEGATION

The Associate Director, Office of Administration and Management, shall notify the Director Division of ADP and Telecommunications Management (OATH), Office of Organization and Management System (OOMS), Office of "Management, Public Health Service in writing, of the authorized signatories (ADP Resources Management Officials") and dollar threshold level delegated within their organization and any changes in this information.

ACCOUNTABILITY

A redelegation to the Associate Director, Office of Information Resources Management, and Area Directors does not alleviate the Director, IHS or Associate Director, Office of Administration and Management, from accountability for any acquisitions of ADP resources made under this delegation of authority. Consequently, anticipated acquisitions should be developed with the consultation and concurrence of the Director, Division of Acquisitions and Grants.

INFORMATION AND GUIDANCE

The authority herein delegated shall be exercised in accordance with the provisions of the HHS Information Resource Management (IRM) Manual, all PHS supplements thereto, and any other applicable directive of particular note. Those holding delegated authority to approve ADP acquisitions must understand and promote the acquisition policies listed in Section 4-00-20 of the HHS IRM manual, and must maintain accurate records of all ADP acquisition approval granted under this authority.

EFFECTIVE DATE

These delegations are effective upon date of signature.

5/12/88
Date


Associate Director
Office of Administration and
Management, IHS

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: ACQUISITION OF ADP EQUIPMENT, SOFTWARE, MAINTENANCE, SUPPORT SERVICES, AND SERVICES

Pursuant to the authority vested in the Associate Director, Office of Information Resources Management, Indian Health Service on May 22, 1988 I hereby delegate to the Indian Health Service Area Directors and IHS Area Information Systems Coordinators (ISC's) the authority as follows:

1. The authority to approve the competitive or GSA schedule acquisition of expansion or upgrades of existing ADP systems with additional equipment. Provided the existing systems had prior approval, costing up to (but not in excess of) \$5,000.
- i. The authority to approve the competitive or GSA schedule acquisition of equipment and parts for purposes of repair of ADP Equipment costing up to (but not in excess of) \$2,500.
3. The authority to approve the competitive or GSA schedule acquisition of software packages costing up to (but not in excess of) \$2,500.
4. The authority to approve the competitive or GSA schedule acquisition of ADP equipment maintenance services, costing up to but not in excess of

AUTHORITY REDELEGATE

This authority may not be further redelegated.

NOTIFICATION OF REDELEGATION

The Associate Director, Office of Administration and Management, shall notify the Director, Division of ADP and Telecommunications Management (DATM), Office of Organization and Management System (OOMS), Office of Management, Public Health Service, in writing, of the authorized signatories ("ADP Resources Management Officials) and dollar threshold level delegated within their organization and any changes in this information.

ACCOUNTABILITY

A redelegation to the Associate Director, Office of Information Resources Management, and Area Directors does not alleviate the Director, IHS, or Associate Director, Office of Administration and Management, from accountability for any acquisitions of ADP resources made under this delegation of authority.

GENERAL

CHAPTER 5
DELEGATIONS OF AUTHORITY


INFORMATION AND GUIDANCE

The authority herein delegated shall be exercised in accordance with the provisions of the HHS Information Resource Management (IRM) manual, all PHS Supplements thereto, and any other applicable directive. Of particular note, those holding delegated authority to approve ADP acquisitions must understand and promote the acquisition policies listed in Section 4-00-20 of the HHS IRM manual, and must maintain accurate records of all ADP acquisition approval granted under this authority.

EFFECTIVE DATE

These delegations are effective upon date of signature.

5/12/88
Date


Acting Associate Director
Office of Information Resources and
Management, IHS

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: AMENDMENT TO PHS ADP AND TELECOMMUNICATIONS AUTHORITY:
TELEPHONE AND FACSIMILE EQUIPMENT ACQUISITIONS

Pursuant to the authority delegated to the Director, Indian Health Service (IHS, on August 17, 1987, under the Acquisition Delegation of Authority to PHS Agencies, I hereby Delegate to the Associate Director Office Of Administration and Management. the authority with authority to redelegate, the following authorities to be exercised Within their jurisdiction:

1. Installation, replacement, relocation of removal of any stand-alone telephone equipment arrangement that has the capacity or capability to serve fewer than 50 telephones, at locations in the 50 States and Puerto Rico. when the:
 - a. system life does not exceed five years: and
 - b. system life cost does not exceed \$25,000: and
 - c. General, Services Administration (GSA) consolidated service is not available.
2. Installation or relocation of fewer than 25 business lines

Lease or Purchase of Intercity facsimile .
telecommunications services and facilities when the:

- a. system life does not exceed five years: and
- b. system life cost including maintenance) does not exceed \$25,000: and
- c . facilities are located in the 50 States and Puerto RICO.

Authority to Redelegate

The authority herein Relegated to the Associate Director Office of Administration and Management, may be redelegated to the Associate Director, Office of Information Resources Managemnt, for further redelagation to Area Directore and Area Information Systems Coordinators.

Accountability

A redelegation to the Associate Director, Office of Information Resources Management, and Area Directors does not alleviate the Director, IHS, or Associate Director, Office of Administration and Management, from accountability for any acquisitions of ADP resources made under this delegation of authority. This authority should be exercised in Consultation with the IHS Headquarters or Area Contracting Officers.

CHAPTER 5
DELEGATIONS OF AUTHORITY

Information and Guidance

On July 14, 1988, the Assistant Secretary for Management and Budget gave the Public Health Service (PHS) their full dollar authorities for the items listed in Section 201.23.501 of the Federal Information Resources Management Regulations (FIRMR). Use of Multi-year Contracting Authority for Small Telecommunication Systems.

In exercising this authority, please be reminded that under FIRMR 201-23.501, agencies electing to exercise the delegations shall establish management and control procedures coordinated by the agency designated senior official for information resources management activities and the agency senior procurement executive.

At location where telephone service is centrally coordinated, such as by the Administrative Services Center for the Parklawn Building and the Telecommunications Management Branch for the National Institutes of Health campus, agencies will continue to acquire telephone services and equipment through these service organizations.

For facsimile transmission, Subpart PHS: 103-35.56 of the HHS Telecommunications Management Manual is rescinded and replaced with the following guidance:

1. Facsimile Use

- a. PHS will continue to provide facsimile transmission services through existing Com Centers, and agencies should first attempt to meet needs for facsimile transmission using these or other, shared resources.
- b. Prior to sending any document, the cost of facsimile transmission should be compared to other alternatives such as messenger Service, Inter-office mail, or Postal service. Whenever the cost savings can be deemed to outweigh a priority for Immediate receipt of information, an alternative to facsimile transmission should be chosen.

(Currently, long distance telephone transmission costs PHS about \$0.40 per minute. Therefore, large documents that would require more than one-half hour to transmit via facsimile machine can usually be delivered more economically by express mail.)

CHAPTER 5 .
DELEGATIONS OF AUTHORITY

2. Facsimile Transceiver Acquisitions

- a. Requests for facsimile equipment to be located in program offices should be approved by PHS agencies only when justified based on evaluation of relevant factors such as Volume Of material transmitted, lack of proximity to shared facilities (e.g., the General Services Administration [GSA] Com Centers or DHHS Com Centers) or other agency facsimile resources, or priority of program need for rapid or after-business hours facsimile availability.
- b. Agency approval should also be based on review of an estimate of life cycle cost of the machine. including government cost, cost of paper, supplies and maintenance. PRS offices should purchase, not lease. facsimile equipment. Although not a part of the "system life cost." transmission costs based on estimated volume of documents transmitted should also be estimated so that the program office is aware Of the full Cost Of Its planned facsimile usage.
- c. Agencies should approve of facsimile machine acquisitions only for current state-of-the-art equipment which is compatible with Other machines with which users anticipate Communicating. (At this time, facsimile machines acquired should meet at least Group III specifications.
- d. agencies should consider facsimile alternatives for offices equipment with PCs, such as PC facsimile board technology Which allows PCs to perform direct electronic facsimile transmission.,

Agencies shall not use facsimile transmission to send classified. sensitive or Privacy Act-protected materials. The public telephone lines used In facsimile transmission are not secure. Only non-sensitlve lnformation may be sent. (PC hackers are already proficient at intercepting private facsimile transmission using PCs equipped with facsimile boards.

CHAPTER 5
DELEGATIONS OF AUTHORITY

prior Delegations

This authority for approval of telecommunications and facsimile acquisitions is a supplement to the authorities delegated in the August 17, 1987, Acquisition Delegation of Authority to all PHS Agency Heads. Those PHS agencies who have been given increased ADP acquisition approval authority may treat this as an amendment to that authority.

Effective Date

these delegations are effective upon date of signature


Director
Indian Health Service

CHAPTER 5
DELEGATIONS OF AUTHORITY

SUBJECT: AMENDMENT TO PHS ADP AND TELECOMMUNICATIONS AUTHORITY:
TELEPHONE AND FACSIMILE EQUIPMENT ACQUISITIONS

Pursuant to the authority vested in the Associate Director, Office of Administration and Management, Indian Health Service (IHS), on October 21, 1988, I hereby delegate to the Associate Director, Office of Information Resources Management, IHS, the authority, with authority to redelegate to Area Directors and Area Information Systems Coordinators, the following authorities to be exercised within their jurisdiction:

1. Installation, replacement relocation or removal of any stand-alone telephone equipment arrangement that has the capacity or capability to serve fewer than 50 telephones, at locations in the 50 States and Puerto Rico, when the:
 - a. system life does not exceed five years: and
 - b. system life cost does not exceed \$25,000 and
 - c. General Services Administration.(GSA consolidated service is not available.
2. installation or relocation of fewer than 25 business
3. Lease or purchase of intercity facsimile telecommunications services and facilities when the:
 - a. system life does not exceed five years: and
 - b. system life cost (Including maintenance does not exceed \$25,000: and
 - c. facilities are located in the 50 States and Puerto Rico.

authority to Redelegate

This authority may be further redelegated as stated above.

Accountability

A redelegation to the Associate Director, Office of Information Resources Management, and Area Directors does not alleviate the Director, IHS, or Associate Director, Office of Administration and Management, from accountability for any acquisitions of ADP resources made under this delegation of authority. This authority should be exercised in consultation with the IHS Headquarters or Area Contracting Officers.

CHAPTER 5
DELEGATIONS OF AUTHORITY

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On July 14, 1908, the Assistant Secretary for Management and Budget gave the Public Health Service (PHS) their full dollar authorities for the items listed in Section 201-23.501 of the Federal Information Resource Management Regulations (FIRMR). Use of Multl-year Contracting Authority for small Telecommunication Systems.

In exercising this authority, please be reminded that under FIRMA 201-23.501, agencies electing to exercise the delegations shall establish management and control procedures coordinated by the agency designated senior official for information resources management activities and the agency senior procurement executive.

At locations where telephone service is centrally coordinated, such as by the Administrative Servicer Center for the Parklawn Building and the Telecommunications Management Branch for the National Institutes of Health Campus, agencies will continue to acquire telephone services and equipment through these service organizations.

For facsimile transmission. Subpart PHS: 103-35;56 of the HHS Telecommunications Management Manual is rescinded and replaced with the following guidance:

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- a. PHS will continue to provide facsimile transmission services through existing Com Centers, and agencies should first attempt to meet needs for facsimile transmission using these, or other, shared resources.
- b. Prior to sending any document, the cost of facsimile transmission should be compared to other alternatives such as messenger service, inter-office mail, or Portal Service. Whenever the cost savings can be deemed to outweigh a priority for immediate receipt of information, an alternative to facsimile transmission should be chosen:

(Currently, long distance telephone transmission Costs PHS about \$0.40 per minute. Therefore, large documents that would require more than one-half hour to transmit via facsimile machine can usually be delivered more economically by express mail.)

CHAPTER 5
DELEGATIONS OF AUTHORITY

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- a. Requests for facsimile equipment to be located in program offices should be approved by PHS agencies only when justified based on evaluation of relevant factors such as volume of material transmitted, lack of Proximity to shared facilities (e.g.. the General Services Administration [GSA] Com Centers or DHHS Com Centers) or other agency facsimile resources or priority of program need for rapid of after-business hours facsimile availability.
- b. Agency approval should also be based on review of an estimate of life cycle cost of the machine, including equipment cost, cost of paper, supplies and maintenance. PHS offices should Purchase, not lease facsimile equipment Although not a part of the system life cost, transmission costs based on estimated volume of documents transmitted should also be estimated so that the program office is aware of the full cost of its planned facsimile usage.
- t. Agencies should approve facsimile machine acquisitions only for current state-of-the-art equipment which is compatible with other machines with which users anticipate communicating. (At this the, facsimile machines acquired should meet at least Group III specifications.)
- d. Agencies should consider facsimile alternatives for offices equipped with PCS, such as PC facsimile board technology which allows PCs to perform direct electronic facsimile transmission.
- 00 Agencies shall not use facsimile transmission to send classified, sensitive or Privacy Act-protected materials. The public telephone lines used in facsimile transmission are not secure. Only non-sensitive information may be sent. (PC hackers are already Proficient at intercepting private facsimile transmission using PCs equipped with facsimile boards.

CHAPTER 5
DELEGATIONS OF AUTHORITY

Prior Delegations

This authority for approval of telecommunications and facsimile acquisition is a supplement to the authorities delegated in the August 17, 1987, Acquisition Delegation of Authority to all PHS Agency Heads. Those PHS agencies who have been given increased ADO acquisition approval authority may treat this as an amendment to that authority.

Effective Date

These delegations are effective upon date of signature

7/13/88

Date

William H. Lewis

Associate Director
Office of Administration
and Management

INVENTORY ADJUSTMENT

1. PROPERTY ACCOUNT					3. VOUCHER NUMBER			
a. ACCOUNTABLE OFFICER					4. DATE			
6. LINE ITEM	FSC OR STOCK #	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	OVERAGE		0 000000	
					QUAN	TOTAL COST	QUAN	TOTAL COST
TOTAL								

b. REMARKS:

Preparing Official _____ (Signature) _____ (Date)

7. ACTION OF APPROVING AUTHORITY : The line items listed are to be listed on a Report-of-Survey. The remaining line items are approved for adjustment. (See Exhibit X-31A Instructions)

Approving Official _____ (Signature) _____ (Title) _____ (Date)

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES
REQUEST FOR PROPERTY ACTION**

		(14) DATE OF REQUEST
(11) REQUESTING OFFICE, ROOM NUMBER & TELEPHONE NUMBER	(12) CUSTODIAL LOCATION	(13) CAN. NO. & ADMIN. CODE
(15) ACTION REQUESTED (turn in, receipt, transfer, disposition instructions) EXPLAIN IN DETAIL.		

SERIAL NO. OR DECAL NO. (6)	DESCRIPTION AND STOCK NUMBER	QUAN- TITY (8)	UNIT (9)	CONDI- TION (10)	UNIT COST (11)	TOTAL COST (12)

(13) SIGNATURE OF INITIATOR	DATE	(16) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER	DATE
(14) SIGNATURE OF RECEIVING OFFICIAL	DATE	(17) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER	DATE
(18) SIGNATURE OF ACCOUNTABLE OFFICER	DATE	(18) VOUCHER NO.	

INSTRUCTIONS FOR COMPLETING HHS 22

Block #

1. Identify your organization by name, location by room number, and your telephone number.
2. Your custodial area/location code.
3. Your common accounting number and your administrative code.
4. Date of your request.
5. Specify what you want to have done.
6. Serial number or local decal number. If neither leave blank. **DO NOT COMBINE MACHINES AND FURNITURE.**
7. Complete nomenclature of the item(s) stock number, model number, etc. It is necessary to adequately describe the items to insure identification.
 - i. Number of units.
8. Unit of issue: each, set, pkg., etc.
10. Condition code. See below.
- 11 and 12. From the file of best estimate. Accountable officer should verify.
13. Print/type name of Custodial Officer. Sign and date.
14. To be completed by individual receiving property. Print/type name, sign and date.
15. Signature of Accountable Officer or authorized representative.
- 16 and 17. To be initialed by the Accountable Officer when action has been posted to appropriate account.
18. To be assigned by the Accountable Officer.

Condition Codes (Column 10)

Disposal condition code	Brief definition	Expanded definition
1	Unused—good	Unused property that is usable without repairs and identical or interchangeable with new items from normal supply sources.
2	Unused—fair	Unused property that is usable without repairs, but is deteriorated or damaged to the extent that utility is somewhat impaired.
3	Unused—poor	Unused property that is usable without repairs, but is considerably deteriorated or damaged. Enough utility remains to classify the property better than salvage.
4	Used—good	Used property that is usable without repairs and most of its useful life remains.
5	Used—fair	Used property that is usable without repairs, but is somewhat worn or deteriorated and may soon require repairs.
6	Used—poor	Used property that may be used without repairs, but is considerably worn or deteriorated to the degree that remaining utility is limited or major repairs will soon be required.
7	Repairs required—good	Required repairs are minor and should not exceed 15 percent of original acquisition cost.
8	Repairs required—fair	Required repairs are considerable and are estimated to range from 16 percent to 40 percent of original acquisition cost.
9	Repairs required—poor	Required repairs are major because property is badly damaged, worn, or deteriorated, and are estimated to range from 41 percent to 65 percent of original acquisition cost.
X	Salvage	Property has some value in excess of its basic material content, but repair or rehabilitation to use for the originally intended purpose is clearly impractical. Repair for any use would exceed 65 percent of the original acquisition cost.
8	Scrap	Material that has no value except for its basic material content.

Distribution

- Original and 2 — To Accountable Officer
 1 Copy — To Receiving Office
 1 Copy — Hold

Manual Exhibit 5-12-G

Form REV-342
(10/69)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REPORT OF SURVEY

(See Instructions Exhibit E-344
Personal Property Management Manual)

REPORT NUMBER _____
DATE OF REPORT _____
PAGES IN REPORT _____

1. TO: _____ 2. INDICATE ACCOUNTABLE AREA INVOLVED _____

3. THE ITEMS LISTED BELOW WERE:
 LOST SHORT ON INVENTORY OTHER
 DAMAGED DESTROYED

IDENTIFICATION OR ITEM NUMBER	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	QUANTITY	TOTAL COST
					GRAND TOTAL

4. EXPLANATION (See Instructions)

Initiator _____ (Signature) _____ (Title) _____ (Date)

5. ADDITIONAL INFORMATION (See Instructions)

Prop. Mgmt. or Accountable Officer _____ (Name) _____ (Title) _____ (Date)

Manual Exhibit 5-12-G

4. APPOINTING ACTION. The individual(s) named below shall constitute a Board-of-Survey and shall investigate the above matter (item 1) in accordance with Chapter 14-16, of the HHS Personal Property Management Manual.

CHAIRMAN (OR SURVEY OFFICER) _____
 RECORDER..... _____
 MEMBER..... _____
 MEMBER..... _____
 MEMBER..... _____

Appointing Official _____
 (Signature) _____ (Date) _____

7. FACTS, CONDITIONS, FINDINGS, ETC. of the Board-of-Survey or Survey Officer.

_____	_____	_____	_____
(Signature, Chairman or Survey Officer)	(Date)	(Number)	(Date)
_____	_____	_____	_____
(Member)	(Date)	(Number)	(Date)
_____	_____	_____	_____
(Member)	(Date)	(Number)	(Date)

8. DETERMINING AUTHORITY CONCLUSIONS:

Determining Authority _____
 (Signature) _____ (Title) _____ (Date) _____

9. FINAL ACTION: I certify that the instructions of the determining authority regarding disposition of the property have been accomplished and appropriate disposal action taken or abandonment or destruction has been accomplished and witnessed as indicated. Property accountability records have been properly adjusted and voucher(s) processed to adjust the fiscal records.

Property Mgmt. or Accountable Official _____
 (Signature) _____ (Date) _____

10. DESTRUCTION OR ABANDONMENT WAS ACCOMPLISHED IN MY PRESENCE

Witness _____
 (Signature) _____ (Title) _____ (Date) _____

PERSONAL CUSTODY PROPERTY RECORD/HAND RECEIPT

PROPERTY ISSUED TO:	OPDIV/STAFFDIV	DIVISION/BRANCH	LOCATION: RM./BLDG.
NAME: (LAST)	(FIRST)	(MI)	

Statement of Responsibility

I have received the item(s) listed below on the date indicated. I accept personal responsibility for the property and will surrender it upon demand, transfer, or separation from the Government. I further understand that failure on my part to exercise responsibility for the care and protection of the item(s) listed below could result in pecuniary liability established in accordance with HHS Materiel Management Manual § 103-1.5008(b).

DESCRIPTION—INCLUDING MAKE, MODEL, SERIAL NUMBER AND ACCESSORIES	NAME OF PERSON RECEIVING PROPERTY TELEPHONE NUMBER			
	SIGNATURE _____ DATE _____			
	RETURNED _____ DATE _____			
	RECEIVED-SIGNATURE OF CUSTODIAL OFFICER			
	ITEMS ARE TO BE RETURNED TO:			
NAYS OF ISSUING PROPERTY REPRESENTATIVE	SIGNATURE	ISSUING OFFICE	LOCATION	TELEPHONE NUMBER

U.S.G.P.O. 1090-0-256-130/20237

PAGE 1 OF _____

STANDARD FORM 120 REV. APRIL 1961 GEN. SERV. ADMIN. FORM (41 CFR) 101-11.6		REPORT OF EXCESS PERSONAL PROPERTY		1. REPORT NO.	2. DATE MAILED	3. TOTAL COST \$			
4. TYPE OF REPORT (Check one only of "a," "b," "c," or "d")		a. ORIGINAL	b. CORRECTED	c. PARTIAL W/D	d. TOTAL W/D	e. OVERSEAS f. CONTRACTORS INV			
5. TO (Name and Address of Agency to which report is made) THRU					6. APPROP. OR FUND TO BE REIMBURSED (if any)				
7. FROM (Name and Address of Reporting Agency)					8. REPORT APPROVED BY (Name and Title)				
9. FOR FURTHER INFORMATION CONTACT (Title, Address and Telephone No.)					10. AGENCY APPROVAL (if applicable)				
11. SEND PURCHASE ORDERS OR DISPOSAL INSTRUCTIONS TO (Title, Address and Telephone No.)					12. GSA CONTROL NO.				
13. FSC GROUP NO.	14. LOCATION OF PROPERTY (if location is to be abandoned give date)			15. REIM/REDD YES NO		16. AGENCY CONTROL NO.			
						17. SURPLUS RELEASE DATE			
18. EXCESS PROPERTY LIST				COND. (c)	UNIT (d)	NUMBER OF UNITS (e)	ACQUISITION COST		AIR VALUE % (g)
ITEM NO. (a)	DESCRIPTION (b)						PER UNIT (f)	TOTAL (h)	

STANDARD FORM 122 JUNE 1974 GENERAL SERVICES ADMINISTRATION FPMR (41 CFR) 101-32.206 FPMR (41 CFR) 101-43.315	TRANSFER ORDER EXCESS PERSONAL PROPERTY	1. ORDER NO. 2. DATE				
3. To: GENERAL SERVICES ADMINISTRATION*		4. ORDERING AGENCY (Full name and address)*				
5. HOLDING AGENCY (Name and address)*		6. SHIP TO (Consignor and destination)*				
7. LOCATION OF PROPERTY		8. SHIPPING INSTRUCTIONS				
9. ORDERING AGENCY APPROVAL A. SIGNATURE _____ B. DATE _____		10. APPROPRIATION SYMBOL AND TITLE				
C. TITLE _____		11. ALLOTMENT _____ 12. GOVERNMENT S/L NO. _____				
13. PROPERTY ORDERED						
GSA AND HOLDING AGENCY NOS. (a)	ITEM NO. (b)	DESCRIPTION <i>(Include noun name, FSC Group and Class, Condition Code and, if available, National Stock Number)</i> (c)	UNIT (d)	QUANTITY (e)	ACQUISITION COST UNIT (f) TOTAL (g)	
14. GSA APPROVAL A. SIGNATURE _____		B. TITLE _____			C. DATE _____	
FOR GSA USE ONLY	AGENCY AND LOCATION AGENCY STATE		FSC	CONDITION	SOURCE CODE	

*Include ZIP Code

TRANSFER ORDER SURPLUS PERSONAL PROPERTY		1. ORDER NUMBER(S) a. _____ b. _____	9. GSA APPROVED OMS NUMBER 3090-0014	PAGE 1 OF _____
2. TYPE OF ORDER <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> DODISEA <input type="checkbox"/> FAA		3. SURPLUS RELEASE DATE _____	10. NON- REPORTABLE <input type="checkbox"/> REPORTABLE <input type="checkbox"/>	8. TOTAL ACQUISITION COST _____
7. TO: GENERAL SERVICES ADMINISTRATION (GPR) *		6. LOCATION OF PROPERTY _____		
9. HOLDING AGENCY (Name and address) *		10. FOR GSA USE ONLY		
		SOURCE CODE <input type="checkbox"/>		
		STATE <input type="checkbox"/> : CITY <input type="checkbox"/>		
		TYPE OF DONATION <input type="checkbox"/>		
		ADJUSTED ALLOCATION CODE <input type="checkbox"/>		
11. PICKUP OR SHIPPING INSTRUCTIONS *				

12. SURPLUS PROPERTY LIST							
L/I NO.	IDENTIFICATION NUMBER(S)	DESCRIPTION	DEMIL. CODE	COND. CODE	QUANTITY AND UNIT	ACQUISITION COST	
						UNIT	TOTAL
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

13. TRANSFEREE ACTION Transferee certifies and agrees that transfers and donations are made in accordance with 41 CFR 101-44, and to the terms, conditions, and assurances as specified on this document.	1. TRANSFEREE (Name and address of State Agency, SEA, or public airport) *	2. SIGNATURE AND TITLE OF STATE AGENCY OR DONEE REPRESENTATIVE	3. DATE
			4. SIGNATURE OF HEAD OF THE SEA (School or National Headquarters)
14. ADMINISTRATIVE ACTION I certify that the administrative actions pertinent to this order are in accordance with 41 CFR 101-44 and as specified on this document have been and are being taken.	6. DETERMINING OFFICER (DOD or FAA) *	7. SIGNATURE OF DETERMINING OFFICER	8. DATE
	9. GSA APPROVING OFFICER	10. SIGNATURE OF APPROVING OFFICER	11. DATE

* Please include "ZIP Codes" in all address blocks. STANDARD FORM 123 (REV. 4-87)

REPORT OF PERSONAL PROPERTY FOR SALE						PAGE	OF
1. FROM NAME, ADDRESS AND ZIP CODE OF OWNING AGENCY			2. REPORT NO.		3. DATE		
6. FROM WHOM PROPERTY BY CONTRACTING NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.			4. SEC GROUP		5. TOTAL ACQUISITION COST		
7. TO General Services Administration			7. PROPERTY LOCATED AT				
			9. LOADED BY GOV'T		8. ACTIVITY WILL LOAD FOR PURCHASER <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		
13. SEND EXECUTED SALES DOCUMENTS TO NAME, ADDRESS AND ZIP CODE			10. PROPERTY IS EXCHANGE/SALE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		11. PROPERTY IS REBURSABLE <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO		
			12. DEPOSIT PROCEEDS TO APPROPRIATE FUND SYMBOL AND TITLE				
15. UTILIZATION AND DONATION SCREENING REQUIREMENTS COMPLETED. PROPERTY IS AVAILABLE FOR SALE			BY SIGNATURE AND TITLE				
16. PROPERTY LIST (USE CONTINUATION SHEET, IF NECESSARY)							
ITEM NO. (a)	ITEM NO ASSIGNED BY GSA (b)	COMMERCIAL DESCRIPTION AND CONDITION (c)	UNIT (d)	NUMBER OF UNITS (e)	ACQU PER UNIT (f)	TION COST (g)	
17. RECEIPT OF PROPERTY AT GSA SALES SITE OR CENTER ACQUISITION				18. RECEIPT OF PROPERTY BY BUYER RECEIVED			
SIGNATURE AND TITLE			DATE	SIGNATURE AND TITLE			DATE
FOR GSA INTERNAL USE ONLY							
19. SOURCE NO.		20. TYPE OF SALE		21. INSPECTION DATES		22. BID OPENING DATE AND TIME	

GENERAL SERVICES ADMINISTRATION
NOTICE OF AWARD
 (SALE OF GOVERNMENT-OWNED PERSONAL PROPERTY)

326179

1 2 3 4	1. OWNING AGENCY OR REPORTING OFFICE		2. DATE
			3. INVITATION NO.
			4. CONTRACT NO.
			5. AGENCY FILE REFERENCE
	6. PURCHASER		7. APPROPRIATION FUND SYMBOL AND TITLE
1 2 3 4			8. STATION DEPOSIT SYMBOL OR ACCOUNT NO.
			9. SIGNATURE OF CONTRACTING OFFICER

NOTE.—This is a copy of NOTICE OF AWARD for sale of property listed on your file reference and as indicated below.

10. ITEM NO.	11. DESCRIPTION	12. QUANTITY	13. UNIT	14. UNIT PRICE	15. AMOUNT

16. DEPOSIT RECEIVED	17. BALANCE DUE GOVERNMENT	18. REFUND TO PURCHASER (IF ANY)	19. PURCHASER MUST REMOVE PROPERTY BY DATE	20. TOTAL \$
\$	\$	\$		
21. PAID		22. SIGNATURE	23. DATE	
<input type="checkbox"/> CHECK <input type="checkbox"/> CASH				

23. CUSTODIAN

Manual Exhibit 5-12-N

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80																																								
DOC. IDENT.	FRM FROM	QU	STOCK NUMBER										QUANTITY	DOCUMENT NUMBER										UNIT PRICE																																																																																															
SHIPPED FROM										SHIP TO										MARK FOR										PROJECT										TOTAL PRICE																																																																															
WAREHOUSE LOCATION										TYPE OF CARD										UNIT PACK										UNIT WEIGHT										UNIT CUBE										UFC										NMPC										FREIGHT RATE										DOCUMENT DATE										MAT COND										QUANTITY										TOTAL PRICE									
SUBSTITUTE DATA ITEM ORIGINALLY REQUESTED										FREIGHT CLASSIFICATION NOMENCLATURE										ITEM NOM ENCLATURE										REMARKS										REMARKS																																																																															
SELECTED BY AND DATE										TYPE OF CONTAINERS										TOTAL WEIGHT										INSPECTED BY AND DATE										INSPECTED BY AND DATE																																																																															
PACKED BY AND DATE										NO. OF CONTAINERS										TOTAL CUBE										WAREHOUSED BY AND DATE										WAREHOUSE LOCATION																																																																															
FIRST DESTINATION ADDRESS										DATE SHIPPED										RECEIVER'S SIGNATURE AND DATE										RECEIVER'S DOCUMENT NUMBER																																																																																									
TRANSPORTATION CHARGEABLE TO										BLADING, ANNE. OR RECEIVER'S SIGNATURE AND DATE										RECEIVER'S DOCUMENT NUMBER										REMARKS																																																																																									

DD FORM 1348-1 1 MAR 74 (SFD)

DD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

1

OPTIONAL FORM 13
DECEMBER 1949
GSA CIRCULAR NO. 226

SALE

**GOVERNMENT
PROPERTY**

Consisting of

.....

By

Time anti Date

at

Inspection

For *Additional Information Contact*

at

Refer to Sale No.

DO NOT RETURN WITH BID

**SALE OF GOVERNMENT PROPERTY
GENERAL SALE TERMS AND CONDITIONS**

INVITATION FOR BIDS NO.

PAGE

1. INSPECTION.

The Bidder is invited, urged, and cautioned to inspect the property prior to submitting a bid. Property will be available for inspection at the places and times specified in the Invitation.

2. CONDITION AND LOCATION OF PROPERTY.

Unless otherwise provided in the Invitation, all property listed therein is offered for sale "as is" and "where is." Unless otherwise provided in the Invitation, the Government makes no warranty, express or implied, as to quantity, kind, character, quality, weight, size, or description of any of the property, or its fitness for any use or purpose. Except as provided in Conditions No. 12 and 14 or other special conditions of the Invitation, no request for adjustment in price or for rescission of the sale will be considered. *The is not a rule by sample.*

3. CONSIDERATION OF BIDS.

(a) Unless otherwise provided in the Invitation, telegraphic or telephonic bids will not be considered.

(b) The Bidder agrees that his bid will not be withdrawn within the period of time specified for the acceptance thereof following the opening of bids (60 calendar days if no period is specified by the Government or by the Bidder, but not less than 10 calendar days in any case) and that during such period his bid will remain firm and irrevocable. The Government reserves the right to reject any or all bids, including bids under which a Bidder would take unfair advantage of the Government or other Bidders, to waive any technical defects in bids, and unless otherwise specified by the Government or by the Bidder, to accept any one item or group of items in the bid, as may be in the best interest of the Government. Unless the Invitation otherwise provides, a bid covering any listed item must be submitted on the basis of the unit specified for that item and must cover the total number of units designated for that item.

4. FORMS OF BID DEPOSITS AND PAYMENTS.

Unless otherwise provided in the Invitation, bid deposits (when required by the Invitation) and payments shall be in U.S. currency or any form of credit instruments other than promissory notes, made payable on demand in U.S. currency. *Provided*, That uncertified personal or business checks must be first party instruments. *Provided further*, That if in connection with any prior sale, the Bidder or Purchaser tendered an uncertified personal or business check which was not paid by the drawee for any reason and the Bidder, Purchaser, and the Drawer of the check were so notified in writing by the selling agency, uncertified personal or business checks will not be an acceptable form of bid deposit or payment. Bids submitted after the effective date specified in the written notification referred to which are not accompanied by the property bid deposit will be summarily rejected.

5. BID PRICE DETERMINATION.

When bids are solicited on a unit price basis, Bidders will insert their unit prices and total prices in the space provided for each item.

(a) In the event the Bidder inserts a total price on the item but fails to insert a unit price, the Government will determine the unit price by dividing the total price by the quantity of the item set out in the Invitation. The unit price so determined shall be used for the purpose of bid evaluation, award, and all phases of contract administration.

(b) When bids are solicited on a "lot" basis, Bidders should submit a single total price in the Total Price Bid column of the bid sheet. Bidders should not make any entry in the Unit Price Bid column. In the event a Bidder submits a total bid price and also a unit bid price which are not identical, the unit bid price will not be considered.

6. PAYMENT.

The Purchaser agrees to pay for property awarded to him in accordance with the prices quoted in his bid. Subject to any adjustment made pursuant to other provisions of this contract, payment of the full purchase price, after applying the total bid deposit, if any, must be made within the time specified in the Invitation and prior to delivery of any of the property. If an adjustment is made requiring additional payment, such payment must be made immediately upon notice of such adjustment. In the absence of any debts owed to the selling agency, where the total sum becoming due in the Government from the Purchaser on a contract awarded to him under the Invitation is less than the total amount deposited with his bid, the difference will be promptly refunded and also, deposits accompanying bids which are not accepted will be promptly

refunded to the Bidder. No refund or demands will be made for any amount less than one dollar (\$1).

7. TITLE.

Unless otherwise provided in the Invitation, title to the property sold hereunder shall vest in the Purchaser as and when removal is effected. On all motor vehicles and motor-propelled or motor-driven equipment requiring licensing by a State motor vehicle regulatory agency, a certificate of release, Standard Form 97, will be furnished for each vehicle and piece of equipment unless otherwise provided in the Invitation.

8. DELIVERY, LOADING, AND REMOVAL OF PROPERTY.

(a) Unless otherwise provided in the Invitation, the Purchaser shall be entitled to obtain the property upon full payment therefor with delivery being made only from the exact place where the property is located within the installation. The Purchaser must make all arrangements necessary for packing, removal, and transportation of property. The Government will not act as liaison in any fashion between the Purchaser and carrier, nor will the Government recommend a specific common carrier. Loading will only be performed as set forth in the Invitation, and unless otherwise provided in the Invitation, loading will not be performed on Saturdays, Sundays, Federal holidays, or any day that the installation where the property is located is closed. Where it is provided that the Government will load, the Government will make the initial placement of the property on conveyance(s) furnished by the Purchaser and the initial placement on the Purchaser's conveyance shall be as determined by the Government. Unless otherwise provided in the Invitation, the Government will not block, chock, brace, lash, band, or in any other manner secure the cargo on such conveyance(s) furnished by the Purchaser.

(b) Where it is provided in the Invitation that the Government will not load or that the Purchaser will load, the Purchaser will make all arrangements and perform all work necessary to effect removal of the property. The Purchaser shall remove the property at his expense within the period of time allowed in the Invitation. If the Contracting Officer determines that the failure to remove the property within the period of time originally allowed arose out of causes beyond the control and without the fault or negligence of the Purchaser, such determination shall be reduced to writing, and a reasonable extension of time for removal shall be allowed. Such causes may include, but are not restricted to, acts of God or of the public enemy, acts of the Government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and severe weather. If the Purchaser is permitted to remove the property after the expiration of the time originally allowed for removal or any additional time allowed by the Contracting Officer pursuant to this clause, the Government, without limiting any other rights which it may have, may require the Purchaser to pay a reasonable storage charge. The Purchaser shall reimburse the Government for any damage to Government property caused during the removal operations by the Purchaser or his authorized representative.

(c) Items purchased under the Invitation will be released only to the Purchaser or his authorized representative. The authorized representative must furnish authorization from the Purchaser to the Custodian of the property location before any delivery or release will be made. When property is described as being boxed, packed, crated, skidded, or in containers, the Government does not warrant that the property, as packaged, is suitable for shipment.

(d) Segregation, culling, or selection of property for the purpose of effecting partial or increment removals will not be permitted except as specifically authorized and prescribed by the Government.

9. DEFAULT.

If, after the award, the Purchaser breaches the contract by failure to make payment within the time allowed by the contract as required by Condition No. 6, or by failure to remove the property as required by Condition No. 8, then the Government may send the Purchaser a 15-day written notice of default (calculated from date of mailing), and upon Purchaser's failure to cure such default within that period (or such further period as the Contracting Officer may allow) the Purchaser shall lose all right, title, and interest which he might otherwise have acquired in and to such property as to which a default has occurred. The Purchaser agrees that in the event he fails to pay for the property or remove the same within the prescribed period(s) of time, the Government shall be entitled to retain (or collect) as liquidated damages a sum equal to the greater of (a) 30 percent of the purchase price of the item(s) as to which the default has occurred, or (b) \$25, or the purchase price of such item(s) if the

NSM 7549-40-753-4684

114-484

(TERMS AND CONDITIONS COMPLETELY REVISED)

STANDARD FORM 110C
REVISED 6-64
Prescribed by GSA
FPMR (41 CFR) 101-46.5

purchase price is less than \$25: *Provided*, That in the event of multiple awards of items under a single Invitation for Bid, the amount to be charged, if the minimum charge provided for in (b) above is applicable, shall be determined by the total purchase price reflected in the award documents: *Provided further*, That the maximum sum which may be recovered by the Government as damages for failure of the Purchaser to pay for and remove the property shall be the formula amount. The Government shall specifically apprise the Purchaser, either in its original notice of default (or in separate subsequent written notice), that upon the expiration of the period prescribed for curing the default, the formula amount will be retained (or collected) by the Government as liquidated damages. However, if the property was sold on a "per lot" basis and the Purchaser removes a portion of the lot but fails to remove the balance, no portion of the purchase price will be refunded. If the Purchaser otherwise fails in the performance of his obligations, the Government may exercise such rights and may pursue such remedies as are provided by law or under the contract.

10. SETOFF OF REFUNDS.

The Bidder or Purchaser agrees that the selling agency may use all or a portion of any bid deposit or refund due him to satisfy, in whole or in part, any debts arising out of prior transactions with the Government.

11. INTEREST.

Notwithstanding any other provision of this contract, unless paid within 30 calendar days from the date of first written demand, all amounts that become payable by the Purchaser to the Government under this contract shall bear simple interest at the rate which has been established by the Secretary of the Treasury as provided in Section 12 of the Contract Disputes Act of 1978 (Public Law 95-263), from the date of first written demand until paid.

12. ADJUSTMENT FOR VARIATION IN QUANTITY OR WEIGHT.

Unless otherwise provided in the Invitation, when property is sold by a unit other than "weight," the Government reserves the right to vary the quantity ordered or delivered to the Purchaser by 10 percent; when the property is sold by "weight," the Government reserves the right to vary the weight ordered or delivered to the Purchaser by 25 percent. The purchase price will be adjusted upward or downward in accordance with the unit price and on the basis of the quantity or weight actually delivered. Unless otherwise specifically provided in the Invitation, no adjustment for such variation will be made where property is sold on a "price for the lot" basis.

13. WEIGHING, SWITCHING, AND SPOTTING.

Where weighing is necessary to determine the exact purchase price, the Purchaser shall arrange for and pay all expenses of weighing the property (unless Government scales are available on the premises). All switching and spotting charges shall be paid by the Purchaser unless such services are performed with Government-owned or Government-operated locomotives on Government property. When removal is by truck, weighing shall be under the supervision of the Government and at its option on: (a) Government scales, (b) certified scales, or (c) other scales acceptable to both parties. When removal is by rail, weighing shall be on railroad track scales, or by other means acceptable to the railroad for freight purposes.

14. RISK OF LOSS.

Unless otherwise provided in the Invitation, the Government will be responsible for the care and protection of the property subsequent to it being available for inspection and prior to its removal. Any loss, damage, or destruction occurring during such period will be adjusted by the Contracting Officer to the extent it was not caused directly or indirectly by the Purchaser, its agents, or employees. At the discretion of the Contracting Officer, the adjustment may consist of rescission. With respect to losses only, in the event the property is offered for sale by the "lot," no adjustment will be authorized under this provision unless the Government is notified of the loss prior to removal from the installation of any portion of the lot with respect to which the loss is claimed.

15. LIMITATION ON GOVERNMENT'S LIABILITY.

Except for reasonable packing, loading, and transportation costs (such as packing, loading, and transportation costs being recoverable only when a return of property at Government cost is specifically authorized in writing by the Contracting Officer) the measure of the Government's liability in any case where liability of the Government to the Purchaser has been established shall not exceed refund of such portion of the purchase price as the Government may have received.

16. ORAL STATEMENTS AND MODIFICATIONS.

Any oral statement or representation by any representative of the Government, changing or supplementing the Invitation or contract or any Condition thereof, is unauthorized and shall confer no right upon the Bidder or Purchaser. Further, no interpretation of any provision of the

contract, including applicable performance requirements, shall be binding on the Government unless furnished or agreed to, in writing, by the Contracting Officer or his designated representative.

17. COVENANT AGAINST CONTINGENT FEES.

(a) The Purchaser warrants that no person or agency has been employed or retained to solicit or obtain this contract upon an agreement or understanding for a contingent fee, except a bona fide employee or agency. For breach or violation of this warranty, the Government shall have the right to annul this contract without liability or, in its discretion, to deduct from the contract price or consideration, or otherwise recover, the full amount of the contingent fee.

(b) "Bona fide agency," as used in this clause, means an established commercial or selling agency, maintained by a Purchaser for the purpose of securing business, that neither exerts nor proposes to exert improper influence to solicit or obtain Government contracts nor holds itself out as being able to obtain any Government contract or contracts through improper influence.

"Bona fide employee," as used in this clause, means a person, employed by Purchaser and subject to the Purchaser's supervision and control as to time, place, and manner of performance, who neither exerts nor proposes to exert improper influence to solicit or obtain Government contracts nor holds itself out as being able to obtain any Government contract or contracts through improper influence.

"Contingent fee," as used in this clause, means any commission, percentage, brokerage, or other fee that is contingent upon the success that a person or concern has in securing a Government contract.

"Improper influence," as used in this clause, means any influence that induces or tends to induce a Government employee or officer to give consideration or to act regarding a Government contract on any basis other than the merits of the matter.

18. OFFICIALS NOT TO BENEFIT.

No member of or Delegate to Congress, or resident commissioner, shall be admitted to any share or part of this contract, or to any benefit arising from it. However, this clause does not apply to this contract to the extent that this contract is made with a corporation for the corporation's general benefit.

19. CERTIFICATE OF INDEPENDENT PRICE DETERMINATION.

(a) The Purchaser certifies that—

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other Purchaser or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the Purchaser, directly or indirectly, to any other Purchaser or competitor before bid opening (in the case of a formally advertised solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the Purchaser to include any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory—

(1) Is the person in the Purchaser's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2)(i) Has been authorized, in writing, to act as agent for the principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(ii) As an authorized agent, does certify that the principals have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the Purchaser deletes or modifies subparagraph (a)(2) above, the Purchaser must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

20. ASSIGNMENTS OF CONTRACTS.

Any contract awarded under the Invitation is subject to the provisions of 41 U.S.C. 15 which generally precludes assignment of such contract.

21. CLAIMS LIABILITY.

The Bidder or Purchaser agrees to save the Government harmless from any and all actions, claims, debts, demands, judgments, liabilities, costs and attorneys' fees arising out of, claimed on account of, or in any manner predicated upon loss of or damage to property and injuries, illness or disabilities to or death of any and all persons whatsoever, including

members of the general public, or to the property of any legal or political entity including State, local and interstate bodies, in any manner caused by or contributed to by the Bidder or Purchaser, its agents, servants, employees, or any person subject to its control while in, upon or about the sale site and/or the site on which the property is located, or while the property is in the possession of or subject to the control of the Bidder or Purchaser, its agents, servants or employees after the property has been removed from Government control.

22. WITHDRAWAL OF PROPERTY AFTER AWARD.

The Government reserves the right to withdraw for its use any or all of the property covered by this contract, if a bona fide requirement for the property develops or exists prior to actual removal of the property from Government control. In the event of a withdrawal under this condition, the Government shall be liable only for the refund of the contract price of the withdrawn property or such portion of the contract price as it may have received.

23. ELIGIBILITY OF BIDDERS.

The Bidder warrants that he is not: (a) under 18 years of age; (b) an employee of an agency of the Federal Government (either as a civilian or as a member of the Armed Forces of the United States, including the United States Coast Guard, on active duty) prohibited by the regulations of that agency from purchasing property sold hereunder; (c) an agent or immediate member of the household of the employee in (b), above. For breach of this warranty, the Government shall have the right to annul this contract without liability.

24. REQUIREMENTS TO COMPLY WITH APPLICABLE LAWS AND REGULATIONS.

It is the Bidder's responsibility to ascertain and comply with all applicable Federal, State, local, and multi-jurisdictional laws, ordinances, and regulations pertaining to the registration, licensing, handling, possession, transportation, transfer, export, processing, manufacture, sale, use or disposal of the property listed in the Invitation. Purchasers or users of this property are not excused from any violation of such laws or regulations either because the United States is a party to this sale or has had any interest in the property at any time.

25. DEFINITIONS.

As used herein, the following terms shall have the meaning set forth below:

(a) "Telegraphic bid" and "telegraphic notice" include bids and notices by telegram or by mailgram.

(b) "Contracting Officer" means the person accepting the bid in whole or in part on behalf of the Government, and any other officer or civilian employee who is a properly designated Contracting Officer; and includes, except as otherwise provided in this contract, the authorized representative of a Contracting Officer acting within the limits of the representative's authority.

(c) A "small business concern" for the purpose of the sale of Government-owned property is a concern which can qualify under the small business classification criteria referenced in 48 CFR § 121.3-9.

SALES SLIP SALE OF GOVERNMENT PERSONAL PROPERTY		No. 1614761
SELLING AGENCY		DATE OF SALE
BUYER'S NAME AND ADDRESS		SALE NO.
		REGISTRATION NO. <i>(if any)</i>
ALL PROPERTY LISTED BELOW MUST BE PAID FOR IN FULL AND REMOVED BY		DATE
ITEM OR LOT NO.	DESCRIPTION	PRICE
REIMBURSABLE ACCOUNT NO. <i>(if any)</i>		TOTAL AMOUNT
PAYMENT RECEIVED FOR GOVT.	BY <i>(Signature)</i>	PAID ON DATE OF SALE
	BY <i>(Signature and date)</i>	BALANCE DUE
NOTICE TO BUYER		
<p>This copy is to be retained by the buyer. When full payment is made, this copy will be so marked. An additional copy will be issued to the property custodian authorizing release of the property. Sign the release copy when the property is received. Please note the deadline date for final payment and removal of property indicated above. This sales slip is accepted subject to the General Sale Terms and Conditions of SF 114-C, a copy of which is on file and will be made available upon request.</p>		

1. BUYER'S COPY

DRIVER'S DAILY AND WEEKLY PREVENTIVE MAINTENANCE CHECKLIST

CHECK DAILY	DRIVER		MECHANIC SERVICE REQUIRED	CONDITION (report any irregular conditions, such as dents, scratches)														
	CHECKED	ACTION TAKEN																
License plates, forms (including accident report)																		
Lights, signals, windshield wipers, horn																		
Tools and safety equipment																		
Clean vehicle																		
Engine oil level				VEHICLE OPERATION (report any defects noted during operation of vehicle or any road repairs made)														
Radiator coolant level and hoses																		
Tire condition & pressure including spare																		
Battery fluid level																		
Power steering fluid level, hoses, and lines*																		
Automatic transmission fluid level*																		
Gauges and indicator lights																		
Fuel level																		
CHECK WEEKLY (in addition to the above)							SERVICE											
Tension and condition of drive belts							<table border="1"> <thead> <tr> <th>FUEL ADDED</th> <th>UNSCHEDULED OIL ADDED</th> <th>ODOMETER READINGS</th> </tr> </thead> <tbody> <tr> <td>1. LTRS/GALS</td> <td>LTRS/QTs</td> <td></td> </tr> <tr> <td>2. LTRS/GALS</td> <td>LTRS/QTs</td> <td></td> </tr> <tr> <td>3. LTRS/GALS</td> <td>LTRS/QTs</td> <td></td> </tr> </tbody> </table>			FUEL ADDED	UNSCHEDULED OIL ADDED	ODOMETER READINGS	1. LTRS/GALS	LTRS/QTs		2. LTRS/GALS	LTRS/QTs	
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1. LTRS/GALS	LTRS/QTs																	
2. LTRS/GALS	LTRS/QTs																	
3. LTRS/GALS	LTRS/QTs																	
Brake master cylinder fluid level*																		
Tighten battery brackets and cables, grease corroded terminals				MISCELLANEOUS														
Engine compartment and surface under vehicle for leaks																		
COMMENTS																		
				* Do not attempt these checks without supervisor's permission. (AID ONLY)														
DRIVER (Signature)				MECHANIC (Signature)		WORK ORDER NUMBER												

Manual Exhibit 5-12-S

OF 346 11/85 USOPM FPM Chapter 830		U.S. Government Motor Vehicle Operator's Identification Card		Card No.	Restrictions												
Name of Operator (Not Transferable)		Sex	Signature of Operator (Not valid until signed)		<table border="1"> <tr> <th colspan="3">QUALIFIED TO OPERATE</th> </tr> <tr> <td>Type Vehicle and/or Equipment</td> <td>Capacity</td> <td>Qualifying Official</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	QUALIFIED TO OPERATE			Type Vehicle and/or Equipment	Capacity	Qualifying Official						
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Date of Birth	Social Security No.		Name and Location of Issuing Unit														
Height	Weight	Hair Color	Eye Color	Signature and Title of Issuing Official													
Date Issued	Date Expires																
<p>The holder of this card is qualified to operate U.S. Government vehicles and/or equipment specified, subject to the restrictions set forth on the other half of this card. Card must be carried at all times when operating Government vehicles.</p>					NSN 7540-00-634-3999												
					80346-101												
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					80346-101												

11. OTHER VEHICLE OR PROPERTY INVOLVED
 CONTINUATION OF FORM 93 PAGE 2 (REV. 11-76)

STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN	WHAT WAS TAKEN
IF OTHER DRIVER OR PERSONS INVOLVED MADE STATEMENTS AS TO CAUSE OF ACCIDENT AND EXTENT OF PERSONAL OR PROPERTY DAMAGE, OR, IF YOU MADE CONVERSATION, ETC., GIVE NAMES AND ADDRESSES OF OTHERS HEARING SUCH STATEMENTS.	
NAME TYPE YEAR OPERATOR'S STATE PERMIT NUMBER VEHICLE LICENSE NUMBER AND STATE	
NAME DATE AID HOME ADDRESS (Number, street, city, state, ZIP code)	NAME DATE AID HOME ADDRESS (Number, street, city, state, ZIP code)
NAME OWNED BY	NAME OWNED BY
PARTS OF VEHICLE DAMAGED (If available)	PARTS OF VEHICLE DAMAGED (If available)
OPERATOR'S ESTIMATED AMOUNT OF DAMAGE	OTHER PROPERTY DAMAGED (If available)

11. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW

1. Vehicle stopped before or at time of accident
 2. Driver's path of travel
 3. Direction of travel
 4. Direction of travel of other vehicle or object
 5. Direction of travel of other vehicle or object
 6. Direction of travel of other vehicle or object
 7. Direction of travel of other vehicle or object
 8. Direction of travel of other vehicle or object
 9. Direction of travel of other vehicle or object
 10. Direction of travel of other vehicle or object

10. ACCIDENT CONDITIONS

OTHER INFORMATION (Explain any signs, signals, observations, etc.)	CONDITION OF ROADWAY (If on city, highway, etc.)	WEATHER (Clear, foggy, rain, etc.)	TYPE OF ROADWAY (Interstate, etc.)
MILES PER HOUR	MILES PER HOUR	MILES PER HOUR	MILES PER HOUR
APPROX. SPEED DATE TIME LOCATION OF LABEL STREET OR HIGHWAY	APPROX. SPEED DATE TIME LOCATION OF LABEL STREET OR HIGHWAY	APPROX. SPEED DATE TIME LOCATION OF LABEL STREET OR HIGHWAY	APPROX. SPEED DATE TIME LOCATION OF LABEL STREET OR HIGHWAY

9. WITNESS

POLICE	POLICE OFFICER	PAGE NUMBER	OFFICE OR QUARTERS
OTHER			

8. OCCUPANTS IN & PERSONS INJURED

NAMES HOME ADDRESSES	OCCUPANTS IN YOUR VEHICLE OCCUPANTS IN OTHER VEHICLES
-------------------------	--

DATA BEARING UPON SCOPE OF EMPLOYMENT OF MOTOR VEHICLE OPERATOR

This form is to be completed by the operator at the time and at the scene of the accident, insofar as possible, and attached to the completed Standard Form 91, Operator's Report of Motor Vehicle Accident. See the Privacy Act Statement below.

SECTION I OPERATOR DATA	1. NAME	2. TITLE AND JOB CLASSIFICATION			
	3. AGENCY NAME	BEGINNING DATE OF DUTY	4. ESTABLISHED WORKING HOURS	FROM	TO
	5. IMMEDIATE SUPERVISOR'S NAME	6. SUPERVISOR'S TITLE			

SECTION II VEHICLE DATA	7. VEHICLE OWNERSHIP (Mark "X" in appropriate block)		8. IF ITEM 7B IS MARKED, IS TITLE OF VEHICLE REGISTERED IN OPERATOR'S NAME	
	a. GOVERNMENT OWNED <i>Give vehicle identification number</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No," give details as to how the vehicle is titled:</i>	
	b. NOT GOVERNMENT OWNED <i>Give vehicle license number</i>			
9. VEHICLE WAS ASSIGNED TO OPERATOR BY (Mark one)		10. AUTHORITY FOR OPERATOR'S USE OF VEHICLE WAS GIVEN		
a. GSA MOTOR POOL <i>Give motor pool location</i>		<input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING <i>Give details:</i>		
b. OTHER ACTIVITY: <i>Name of activity that assigned vehicle</i>				

SECTION III DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED	11. ORIGIN	12. DESTINATION		
	13. EXACT PURPOSE OF TRIP	14. TRIP BEGAN		
		DATE	TIME	A.M. P.M.
		15. ACCIDENT OCCURRED		
		DATE	TIME	A.M. P.M.

16. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR	17. WAS THERE ANY DEVIATION FROM DIRECT ROUTE
<input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING <i>Give details:</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes," explain in detail:</i>
18. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS	19. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No," explain:</i>	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes" explain:</i>

20. GIVE FULL DETAILS OF THE AUTHORITY FOR, NATURE OF, AND CIRCUMSTANCES SURROUNDING THE TRIP, NOT COVERED ABOVE OR ON THE ACCOMPANYING SF 91 (continued on the reverse)

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory, as it is the first step in the Government's investigation of a motor vehicle accident. The principle purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from accidents and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

The information contained herein is true and correct to the best of my knowledge and belief.

OPERATOR	DATE
OPERATOR'S SUPERVISOR	DATE

U.S. GOVERNMENT NATIONAL CREDIT CARD

This card is valid only for the supplies and services listed on the reverse side when furnished (1) to the vehicle bearing the tag or registration number shown below or (2) if no number is shown, to any properly identified U.S. Government motor vehicle, boat, or small aircraft.

If found, please return to GSA, FPMR, Washington, DC 20406.

EXPIRES END OF
MO. YR.

STANDARD FORM 149 (Rev. 3-79) Prescribed by GSA, FPMR (41 CFR) 101-11.606

In accordance with the terms of Defense Supply Center Contract Bulletin DSA600-3.23, when presented, this card may be used to purchase any of the following supplies or services for properly identified U.S. Government motor vehicles, boats, or small aircraft.

(1) For motor vehicles—regular and premium grade gasoline; diesel oil; regular and premium grade lubricating oil; lubricating services; oil filter elements; air filter service; tire and tube repairs; battery charging; washing and cleaning services; mounting and dismounting chains; permanent type anti-freeze; emergency replacement of defective spark plugs, fan belts, electrical motor arms and blades; lamps; and other minor emergency repairs.

(2) For boats—regular and premium grade gasoline; diesel oil; and regular and premium grade lubricating oil.

(3) For small aircraft—aviation fuel and lubricating oil.

Use of this card for other than official purposes as stated above is a criminal offense subject to fine and/or imprisonment.

FORMS MANAGEMENT DATA				FORM NO.	SHEET NO.
NATIONAL STOCK NO.	U/I	EDITION DATE	GSA CONTROL NO. CODE	6-30-79	SF 149 6
		2-79	R	DESCRIPTION - DETAILS	
3 3/8 x 2 1/8"; laminated plastic credit card manufactured in accordance with Fed. Spec. L-P-535D dated June 6, 1973; face-- blue, back-- blue.					
Available in quantities of 50 or more through Federal Supply Schedule FSC 75, Part VII, OISC 7506. In quantities of 49 or less contact Director, Regional Motor Equipment Division, GSA.					
STOCKED BY	<input type="checkbox"/> GSA SUPPLY	<input type="checkbox"/> DUPT. OF DOCUMENTS (DOP)	DATE AVAILABLE FROM GSA SUPPLY (DDMMYY)		
	<input checked="" type="checkbox"/> OTHER (Explaining See Above)				

INVESTIGATION REPORT OF MOTOR VEHICLE ACCIDENT		Please read the Privacy Act Statement at the bottom	1 DEPARTMENT OR AGENCY		2 REPORTING UNIT (name and location)			
3 GENERAL LOCATION OF ACCIDENT (If accident was in the city, complete item 4a. If outside city limits complete a, b, c and d.)							4 EXACT TIME OF ACCIDENT	
a CITY OR TOWN, COUNTY AND STATE		b MILES	c DIRECTION	d FROM CITY/TOWN (shown on #1) <input type="checkbox"/> LIMITS <input type="checkbox"/> CENTER	e DATE (Day, Mo., Yr.)	f DAY OF THE WEEK	g HOUR a.m. p.m.	
5 EXACT LOCATION OF ACCIDENT	a ACCIDENT OCCURRED ON (Street name) <small>(Highway)</small>			Note: So or c and complete appropriate information. Other agency could be nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, filling station, etc., driveway, culvert, guardrail, mailbox, underpass, or other identifying signposts.				
	b AT INTERSECTION (Street name, gray or highway identification) <small>(Highway)</small>							
	c NOT AT INTERSECTION	d EXACT DISTANCE	e DIRECTION	f EXACT DISTANCE	g DIRECTION	h (Street or other agency)		
6 FEDERAL VEHICLE (Fed.) <small>Includes private owned, company operated</small>	a YEAR	b MAKE	c BODY TYPE	d NO OF PASSENGERS	e KIND OF CARGO	f EXTENT OF CARGO DAMAGE (If none, so state)		
	g REGISTRATION NUMBER			h PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE				
	i OPERATOR'S PERMIT - State and Number			j PERMIT NO.				
	k LIMITATION OF PERMIT			l TRAVELING DIRECTION	m STREET/HIGHWAY ON WHICH VEHICLE WAS TRAVELING			
	n TYPE PERMIT <input type="checkbox"/> OPERATOR <input type="checkbox"/> TRUCK DRIVER <input type="checkbox"/> CHAUFFEUR	o YEARS DRIVING EXPERIENCE TOTAL	p TYPE VEHICLE IN WHICH ACCIDENT OCCURRED	q NUMBER OF HOURS ON DUTY BEFORE ACCIDENT OCCURRED	r DISTANCE DANGER WAS NOTICED	s ESTIMATED SPEED THEN	t ESTIMATED SPEED AT IMPACT	u MAXIMUM SAFE SPEED
	v DRIVER (Name)		w SEX	x AGE	y DRIVER'S ADDRESS			
Use page 4 for continuation of any item requiring additional space								
7 OTHER VEHICLE (2)	a YEAR	b MAKE	c BODY TYPE	d NO OF PASSENGERS	e KIND OF CARGO	f EXTENT OF CARGO DAMAGE (If none, so state)		
	g REGISTRATION NUMBER			h PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE				
	i OPERATOR'S PERMIT - State and Number			j PERMIT NO.				
	k LIMITATION OF PERMIT			l TRAVELING DIRECTION	m STREET/HIGHWAY ON WHICH VEHICLE WAS TRAVELING			
	n TYPE PERMIT <input type="checkbox"/> OPERATOR <input type="checkbox"/> TRUCK DRIVER <input type="checkbox"/> CHAUFFEUR	o YEARS DRIVING EXPERIENCE TOTAL	p TYPE VEHICLE IN WHICH ACCIDENT OCCURRED	q NUMBER OF HOURS ON DUTY BEFORE ACCIDENT OCCURRED	r DISTANCE DANGER WAS NOTICED	s ESTIMATED SPEED THEN	t ESTIMATED SPEED AT IMPACT	u MAXIMUM SAFE SPEED
	v DRIVER (Name)		w SEX	x AGE	y DRIVER'S ADDRESS			
8 WITNESSES (Name)				ADDRESS	TELEPHONE NO.	LOCATION AT TIME OF ACCIDENT		
A								
B								

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

CALLED OR INJURED				
A		B		
a NAME		SEX	b ADDRESS	
		AGE		
c Mark "X" in two appropriate boxes		d IN WHICH VEHICLE	e LOCATION IN VEHICLE	f FIRST AID GIVEN BY
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PED	
<input type="checkbox"/> INJURED	<input type="checkbox"/> HELPER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER (2)	
g TAKEN BY		h TAKEN TO		i REGISTRATION NUMBER
B		C		
a NAME		SEX	b ADDRESS	
		AGE		
c Mark "X" in two appropriate boxes		d IN WHICH VEHICLE	e LOCATION IN VEHICLE	f FIRST AID GIVEN BY
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PED	
<input type="checkbox"/> INJURED	<input type="checkbox"/> HELPER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER (2)	
g TAKEN BY		h TAKEN TO		i REGISTRATION NUMBER
16. PEDESTRIAN	j DIRECTION PEDESTRIAN WAS GOING		k WHERE WAS PEDESTRIAN GOING? SW corner to NE corner, E side to W side, etc.	
	l <input type="checkbox"/> ON <input type="checkbox"/> ACROSS		FROM TO	
	m DESCRIBE WHAT PEDESTRIAN WAS DOING AT THE TIME OF THE ACCIDENT (Crossing intersection with signal, against signal, diagonally, at roadway marking, playing, walking, pushing or pulling cart, etc.)			




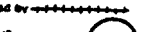

*1 DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO - Name owner, phone number, type nature of damage.

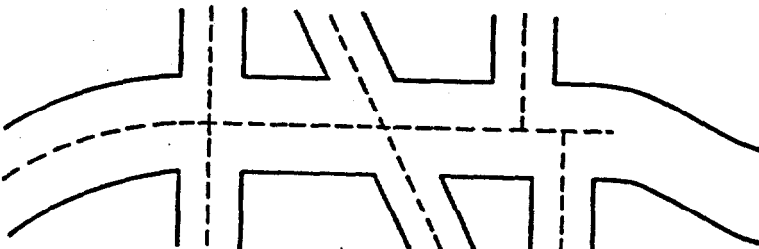
12. KIND OF LOCALITY (Mark one)		16. CONDITION OF VEHICLES		ROAD CONDITIONS (Mark one or more)	
a Manufacturing/Industrial		FED 1		1. Driver's view of road	
b Shopping/business		More one or more for each vehicle		2. Motorist's view	
c Residential		a Detecting brakes		3. Detecting PEDESTRIAN	
d School/playground		b Headlights out <input type="checkbox"/> One <input type="checkbox"/> Both		4. No defects	
e Open country		c Taillight out or obscured		5. Other defects (Specify)	
f Industrial premises		d Dim. about or lens or light out		6. Roadway surface structure or road	
g Home/domestic premises		e Signal lights defective		<input type="checkbox"/> YES <input type="checkbox"/> NO	
h Other (Specify)		f Other lights/reflectors defective		17. TRAFFIC SIGNALS	
12. LIGHT (Mark one)		g Tire slow out		a FUNC- TION- ING	
a Daylight		h Detective steering mechanism		NOT FUNC- TION- ING	
b Dawn		i No apparent defects		More appropriate column for each control element	
c Dusk		j Other defects (Specify)		1. Improperly placed	
d Night		17. VISION OBSCURED BY		2. Improperly adjusted	
e Darkness with		FED 2		3. Obstructed or obscured	
f (1) Artificial light		More where applicable		4. Side view of light	
g (2) No artificial light		a Rain snow etc. on windshield		5. Wrong sign	
14. WEATHER (Mark one)		b Cracked windshield		6. Warning sign or signal	
a Clear		c Dirty windshield/windshield		7. Flags or lines	
b. Rain		d Windows/windshield not glass		8. No control present	
c. Snow		e Frost, etc. etc.		<input type="checkbox"/> NO <input type="checkbox"/> YES	
d. Fog		f Bumping		18. ROAD DESCRIPTION	
e. Other (Specify)		g Embankment		1. NUMBER OF LANES	
15. CONDITION OF DRIVERS AND PEDESTRIAN		h Impaired		2. LANES MARKED	
FED 1		i Pedestrian		<input type="checkbox"/> YES <input type="checkbox"/> NO	
More one for each person		j Paralyzed		3. LANES SEPARATED	
a. Had not been drinking		k Missing vehicle		<input type="checkbox"/> NO <input type="checkbox"/> YES	
b. Had been drinking (1) More (1), (2), or (3) below		l Other (Specify)		If Yes, describe separation	
(1) Ability impaired		18. ROAD CONDITIONS (Mark one)			
(2) Ability not impaired		1. Dry			
(3) Not known whether impaired		2. Wet			
More one or more for each person		3. Frost			
c. Physical defect		4. Other			
d. Other handicaps: Carrying burden, uniform, etc.		5. Other			
e. Slowed, fatigued, etc.		6. Other			
f. Appearance abnormal		7. Other			
g. Appearance normal		8. Other			

21. DRIVER ACTIONS FED 2 Mark one for each driver <input type="checkbox"/> a Making right turn <input type="checkbox"/> b Making left turn <input type="checkbox"/> c Making U turn <input type="checkbox"/> d Going straight ahead <input type="checkbox"/> e Slowing down/stopping <input type="checkbox"/> f Overtaking/passing <input type="checkbox"/> g Forward from parking space <input type="checkbox"/> h Backward from parking space <input type="checkbox"/> i Other backing <input type="checkbox"/> j Stopped in traffic lane <input type="checkbox"/> k Other (Specify)	DRIVER'S ACTIONS, Continued FED 2 Mark if applicable <input type="checkbox"/> l Skidding <input type="checkbox"/> m Approaching vehicle, object or pedestrian <input type="checkbox"/> n Emerging from alley or driveway <input type="checkbox"/> o Disabled vehicle parked <input type="checkbox"/> p Gave warning (horn, signal, indicator) 22. VIOLATIONS FED 2 Mark one or more <input type="checkbox"/> a Exceeding lawful speed <input type="checkbox"/> b Following too closely <input type="checkbox"/> c Disregarded stop sign <input type="checkbox"/> d Disregarded stopgo signal <input type="checkbox"/> e Disregarded police officer	23. OTHER IMPROPER ACTION (Specify) FED 1 24. POLICE ACTION (Specify) <input type="checkbox"/> a CHARGE <input type="checkbox"/> b NAME OF PERSON CHARGED <input type="checkbox"/> c POLICE OFFICER'S NAME <input type="checkbox"/> d BADGE NO. <input type="checkbox"/> e POLICE OFFICER'S DEPARTMENT
---	---	---

25. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

- a. Number Federal vehicle as 1, other vehicles as 2, additional vehicles as A and show direction of travel with arrow.
 Example: 
- b. Use solid line to show path before accident and broken line after the accident. 
- c. Show pedestrian by 
- d. Show railroad by 
- e. Place arrow in this circle to indicate NORTH 



26. POINT OF IMPACT FED 2 Mark one for each vehicle <input type="checkbox"/> a Front <input type="checkbox"/> b Right side <input type="checkbox"/> c Left side <input type="checkbox"/> d Rear <input type="checkbox"/> e Right rear <input type="checkbox"/> f Left rear <input type="checkbox"/> g Right side <input type="checkbox"/> h Left side	27. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed" and "B")
---	--

28. REVIEWING OFFICIAL'S STATEMENT (The back of this form may be used for reviewing space to continue any items.)

29. SHOW CONSEQUENCES OF ACCIDENT AFFECTING AGENCY PERSONNEL Show only items 9. BY COMPLETING ITEMS BELOW. **REMARKS (if any)**

A	TYPE OF PERSONNEL <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	PROBABLE DISABILITY	
	DATE STOPPED WORK	NATURE OF INJURY AND PART OF BODY	
	DATE RESUMED WORK		
B	TYPE OF PERSONNEL	PROBABLE DISABILITY	
	DATE STOPPED WORK	NATURE OF INJURY AND PART OF BODY	
	DATE RESUMED WORK		

28. REVIEWING OFFICIAL	SIGNATURE	TITLE (Military or Civilian)	DATE
------------------------	-----------	------------------------------	------

DO NOT WRITE IN SHADED AREAS
COMPLETE BOTH SIDES

REPORT OF ACCIDENT													
ACCIDENT IDENTIFICATION SECTION													
ORGANIZATION				WE NUMBER				TYPE OF REPORT		REPORT SEQUENCE NO.		CARD	
1 2 3 4				5 6 7 8				<input type="checkbox"/> I. Initial <input type="checkbox"/> S. Supplemental <input type="checkbox"/> C. Corrected		10 11		12	
ACCIDENT CLASSIFICATION				DATE OF OCCURRENCE				TIME OF OCCURRENCE		RESULT OF ACCIDENT			
<input type="checkbox"/> A. Motor Vehicle <input type="checkbox"/> B. Laboratory <input type="checkbox"/> C. Office <input type="checkbox"/> D. Fire <input type="checkbox"/> E. Materials Handling <input type="checkbox"/> F. Other (Specify: _____)				MONTH DAY YEAR				15 16 17 18 19 20		21 22 23 24		<input type="checkbox"/> P. Property Only <input type="checkbox"/> I. Injury or Illness <input type="checkbox"/> B. Both	
STATE OR TERRITORY				SITE OF ACCIDENT				TORT CLAIM POSSIBLE?					
25 26				27				<input type="checkbox"/> Y. Yes <input type="checkbox"/> N. No				28	
PERSONNEL INVOLVED SECTION													
PERSON INVOLVED													
LAST NAME						INITIALS			SOCIAL SECURITY NUMBER / I.D. NO.			SEX	
29 30 31 32 33 34 35 36 a 36 a5 40 41 62 43 44						45			46 47 48 49 50 51 52 53 54			55 <input type="checkbox"/> M. Male <input type="checkbox"/> F. Female	
PERSONNEL STATUS (HHS employee, contractor, patient, visitor, other Government Agency employee, etc.)						HOME ADDRESS (Including Zip Code)							
69													
AGE		SERIES		GSC JOB CODE		LEVEL		TELEPHONE (OFFICE)				(HOME)	
67 68		69 60		61 62 63 64 65 66 67									
FORM CA1 or CA2 FILED?		TIME ON DUTY BEFORE ACCIDENT: DUTY STATUS				ACTIVITY AT TIME OF ACCIDENT				CARD			
<input type="checkbox"/> Y. Yes <input type="checkbox"/> N. No		HOURS								12			
68		69 70				71				72 73			
INJURY/ILLNESS DATA SECTION													
SEVERITY OF INJURY/ILLNESS						CULMINATION			DAYS AT WORK BUT IDYS AWAY FROM RESTRICTED WORK BECAUSE OF ACCIDENT				
<input type="checkbox"/> 1. No Treatment Required <input type="checkbox"/> 2. First Aid Only <input type="checkbox"/> 3. Medical Treatment Only <input type="checkbox"/> 4. Diagnosis of Occupational Illness <input type="checkbox"/> 5. Disabling (Temporary) <input type="checkbox"/> 6. Disabling (Permanent Partial) <input type="checkbox"/> 7. Disabling (Permanent Total) <input type="checkbox"/> 8. Fatality						<input type="checkbox"/> 1. No Restriction <input type="checkbox"/> 2. Restricted <input type="checkbox"/> 3. Temp. Transfer <input type="checkbox"/> 4. Perm. Transfer <input type="checkbox"/> 5. Terminated			15 16 17 18 19 20 21 22				
NATURE OF INJURY, ILLNESS, OR DISEASE (See BODY PART MOST AFFECTED)						CAUSE OF INJURY, ILLNESS OR DISEASE							
23 24						25 26			27				
PROPERTY INVOLVED SECTION													
PROPERTY OWNERSHIP						AMOUNT OF DAMAGE OR LOSS							
28						\$ 010							
PROPERTY DAMAGED						YEAR OF MANUFACTURE OR CONSTRUCTION							
35 37						38 39 40 41							
ACCIDENT ANALYSIS SECTION													
WEATHER FACTOR				SOURCE OF ACCIDENT				CAUSE OF ACCIDENT					
42				43 44 45 46				47 48					
ADDITIONAL CAUSE OF ACCIDENT				MANAGEMENT ACTION REQUIRED TO PREVENT RECURRENCE				ADDITIONAL MANAGEMENT ACTION REQUIRED TO PREVENT RECURRENCE					
49 50				51 52				53 54					
FIRE - FORM OF HEAT OF IGNITION				FIRE - TYPE OF MATERIAL BURNED				FIRE - FORM OF MATERIALS BURNED					
55 56				57 58				59 60					
SUPERVISORY EVALUATION						CORRECTIVE ACTION PLANNED OR TAKEN							
61						62							

Explain What Led Up To The Accident, How The Accident Happened, Equipment Failures, Material Defects, Etc. Plus Necessary Sketches or Photographs to make facts clear. (Use Additional Sheets, If Necessary)

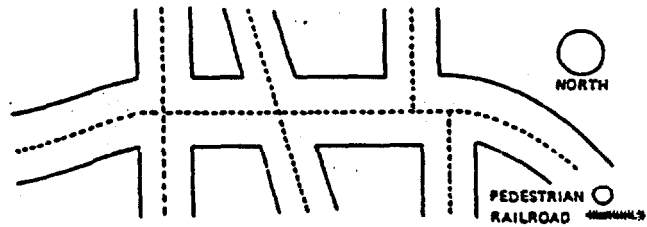
WITNESS: NAME AND ADDRESS:

DRAW A DIAGRAM OR SKETCH OF WHAT HAPPENED:

FOR MOTOR VEHICLE ACCIDENTS:
SHOW VEHICLE AS AND NUMBER EACH



USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT
USE DASHED LINE TO SHOW PATH AFTER ACCIDENT
SHOW DIRECTION OF TRAVEL BY ARROWS
GIVE NAMES OR NUMBERS OF STREETS OR HIGHWAYS



Signature, Address, and Title of Reporting Official Date: Phone:

Signature, Address, and Title of Renewing Authority: Date: Phone:

Signature, Address, and Title of Coding Official: Date: Phone:

Safety and Occupational Health Office Review: Agency, Region, or Office: Date: Phone:

NOTICE OF CONDITIONS UNDER WHICH THIS INFORMATION IS COLLECTED

- In compliance with the Privacy Act of 1974, the following information is provided:
1. Solicitation of the information is authorized by the Occupational Safety and Health Act of 1970 (PL 91-496); 5 USC 7902; 29 CFR 1950; 28 USC 2671-80 and Executive Order 12196 (1 Oct 1980); these authorities do not require that penalties be imposed for failure to respond to this request.
 2. The principal purpose for which this information is collected is to provide statistical data and analysis of injury, illness and property loss experience in support of the Departmental, Agency, Region and Staff Office Safety and Health Programs as well as required statistical summations or reports to the Department of Labor and other governmental entities or functions requiring such information.
 3. Routine uses of this information include: a) Providing the means for complying with the reporting requirements of the Occupational Safety and Health Act of 1970; 29 CFR 1950; and such other reports as may be required by legislative or regulatory obligations; b) Providing such summary statistical data and analysis as is necessary to appropriately evaluate the effectiveness of the safety management programs and assist appropriate departmental functions in the initiation and support of corrective or preventive action; c) Responding to a court subpoena or court of competent jurisdictions in a criminal or civil suit; and d) Transferring to the appropriate governmental or regulatory entities, whether federal, state, local or foreign, such information as is relevant to investigative action or when a violation or potential violation of a statute or regulation is indicated.
 4. The effect on the individual of not providing all or part of the requested information may be to render impossible or to delay the Department's documenting the injury, illness, and/or property loss. Every effort will be made to obtain the factual information relating to an incident from other sources should the individual involved refuse to provide the requested information.

MANAGEMENT SERVICES

CHAPTER 12
PERSONAL PROPERTY MANAGEMENT

CERTIFICATION FOR THE ACQUISITION OF
ADDITIONAL EQUIPMENT

'Requisition No. _____

- a. The requirement is absolutely essential.
- b. The item **meets** existing use standards.
- c. Validation in accordance with DHHS Materiel Management Manual 103.25.150.3.
 - 1) Basis of need.
 - 2) Utilization consideration.
 - 3) Other-considerations.
- d. There are no other items available within the Agency to **meet** the requirements, either from equipment pools/sharing or from unrequired and excess sources.
- e. It is the least expensive items which will satisfy the requirement. Approvals requesting other than lowest price available must be supported by a justification signed by the Executive Officer, Indian Health Service.
- f. A rehabilitated **item** will be accepted if available.
- g. The appropriate GSA Regional Office Surplus Property Program does not have a suitable item to meet the need.

Area Property Management Officer

DATE