

1. RWO No. Property Office (PO) Entry	2. Date of Entry into Sunflower by PO	3. a. Theft or Loss Reportable with Incident Report (IR) <i>To be filled in by Lead AP</i> <input type="checkbox"/> Theft <input type="checkbox"/> Loss	3. b. Damaged, Destroyed or Unserviceable <i>To be filled in by APR</i> <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Unserviceable
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Sections 4-12 to be filled in by person reporting loss (user or APR)

4. Name of Reporting Person		5. Office Telephone No.	
6. Program Office/ Routing Symbol	7. Office Address (Include building and room)		
8. Date of Occurrence	9. Time	10. Place	
11. Description of Asset (If reporting multiple assets include printout from Sunflower the DOE property system including following information):			
DOE Tag No.	Description	Make	Model
Serial Number	Acquisition Cost		
12. a. Name of last user			
12. b. Circumstances surrounding the theft, loss, damaged, destroyed or unserviceable property. (See justification document and sample in Supplement A).			
12. c. Signature of Reporting Individual/APR			Date

Sections 13 Sensitive Assets, to be filled out by last user and/or the APR

13. Information Content of Sensitive Assets	
13.a. Did asset contain sensitive information? Check appropriate block: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> System Encryption (check if yes)	13.b. Reports filed (if yes, on 13 a.) <input type="text"/> Date Cyber Security (CSC help desk) notified 13.c Report filed with HSO if classified <input type="text"/> Date HSO notified (type NA if it does not apply)

Section 14 Reporting Lost and Stolen Assets, to be completed by user with assistance from the APR as required

14. Lost or Stolen Asset	
<input type="text"/> Date Reported	<input type="text"/> Date incident report filed with Guard Service
<u>Attach Copy of incident report</u>	

Section 15 Action taken by the APR and Management to locate Assets, to be completed by APR

15. a. Specific actions taken to locate assets (include attachment if required)	
15. b. Signature of APR	Date

Sections 16 Corrective Action, to be completed by Supervisor of person losing asset.

16.a. Corrective Actions Provide a description of actions taken by management to prevent recurrence of loss, or damage including recommendations regarding if the user should be held financially responsible (provide attachments if required)			
16. b. Signature of Supervisor	Date	16. c. Concurrence Signature of Office Director (or designee)	Date

Section 17 This section to be completed by the Organizational Property Management Office (OPMO)

17. Action taken by the OPMO _____ Depreciated Value <input type="checkbox"/> Retire Asset <input type="checkbox"/> Refer to Board of Survey	
17. a. Signature of OPMO	17. b. Date

Section 18 Actions taken by Board of Survey (BOS) (To be completed by the BOS)

18. Actions taken by the Board of Survey

This is to certify that the circumstances surrounding the loss, theft or action leading to missing asset(s) described in this Retirement Work Order have been reviewed by the Board of Survey.

18.a. FINDINGS

18. b. RECOMMENDATIONS
 Accept and Retire Additional Information Requested from APR Additional Corrective Action Information Requested

18. c. COMMENTS/SUGGESTIONS

Board of Survey Signatures:

DATE _____ SIGN _____ TITLE _____

DATE _____ SIGN _____ TITLE _____

DATE _____ SIGN _____ TITLE _____

19. Follow up/Review (If Required)

19.a. Modifications requested in section 18 received and accepted

19. b ANY ADDITIONAL COMMENTS BY BOARD OF SURVEY OR OPMO

19 c Review by Board of Survey

DATE _____ SIGN _____ TITLE _____

DATE _____ SIGN _____ TITLE _____

DATE _____ SIGN _____ TITLE _____

19. d. Review by OPMO

DATE _____ SIGN _____ TITLE _____

Section 20 Final Action by OPMO

20. Final Action by OPMO

20. a. Date to Program Office (Name of Program Office)	20. b. Date
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