

**BIOMEDICAL AND INFORMATION TECHNOLOGY
EQUIPMENT
YEAR 2000 COMPLIANCE CERTIFICATE**

DECAL NUMBER:	DATE:	CONDITION:	PMD USE ONLY:
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ITEM DESCRIPTION:

MANUFACTURER:	MODEL NUMBER:
	SERIAL NUMBER:

<input type="checkbox"/>	THIS ITEM IS NOT CLASSIFIED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION AS CRITICAL (see http://www.fda.gov/cdrh/yr2000/cdrh/phrds/htm/PHRD-List.htm)
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<input type="checkbox"/>	THIS ITEM IS YEAR 2000 COMPLIANT
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<input type="checkbox"/>	THIS ITEM IS NOT YEAR 2000 COMPLIANT
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<input type="checkbox"/>	YEAR 2000 COMPLIANCE IS NOT KNOWN FOR THIS ITEM
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CERTIFICATION:
By my signature below, I hereby certify that I have a technical knowledge of the operation of the property listed on this form and that said property is correctly classified by the block checked above.

PRINTED OR TYPEWRITTEN NAME OF TECHNICIAN SUBMITTING REPORT:	SIGNATURE OF TECHNICIAN SUBMITTING REPORT:
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TITLE OF TECHNICIAN SUBMITTING REPORT:

INSTRUCTIONS:
COMPLETE THIS FORM IN ITS ENTIRETY. ONE OF THE BLOCKS MUST BE CHECKED AND THE INDIVIDUAL RESPONSIBLE FOR THE DETERMINATION MUST SIGN THE FORM. ONE COPY OF THE FORM MUST BE ATTACHED TO THE ITEM AND ANOTHER SENT TO THE PROPERTY UTILIZATION BRANCH, PROPERTY MANAGEMENT DIVISION, OFFICE OF LOGISTICS MANAGEMENT.