

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 NATIONAL INSTITUTES OF HEALTH  
**REPORT OF LOSS, DAMAGE, OR DESTRUCTION OF PROPERTY**  
 ACCOUNTABLE TO CONTRACTS

RSVD FOR CONTROL NO.)

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INSTRUCTIONS: COMPLETE ALL ENTRIES AS APPROPRIATE, REPORT OF CIRCUMSTANCES MUST INCLUDE ALL KNOWN SPECIFICS PERTINENT TO THIS REPORT IE, DATE & TIME DISCOVERED, NAME OF ACCOUNTABLE PERSON, WHETHER REMUNERATION IS INVOLVED, ESTIMATED COST OF REPAIRS OR REPLACEMENT IF REQUIRED, AND ACTION TAKEN TO PRECLUDE FUTURE SIMILAR OCCURENCES, RECOMMEND SPECIFIC RELIEF OR LIABILITY.

PCC NO.

<b>TO</b>	PROPERTY MANAGEMENT OFFICER	CONTRACT NO.	CUSTODIAL CODE
<b>THRU</b>	CONTRACTING OFFICER	CONTRACTOR	
<b>FROM</b>	CONTRACT PROPERTY ADMINISTRATOR	LOCATION	

ATTACHMENTS

CONTRACTOR DECLARES THAT LISTED PROPERTY IS	<input type="checkbox"/>	MISSING	<input type="checkbox"/>	DAMAGED	<input type="checkbox"/>	DESTROYED	<input type="checkbox"/>	STOLEN
STATUS OF CONTRACTOR'S REPORTING COMPLIANCE	<input type="checkbox"/>	REPORTED TO POLICE	<input type="checkbox"/>	REPORTED TO LOCAL FBI	<input type="checkbox"/>	THEFT NOT REPORTED	<input type="checkbox"/>	NO REPORT REQUIRED

**REPORT OF CIRCUMSTANCES & RECOMMENDATIONS**

DATE	TYPED NAME OF (PROPERTY ADMINISTRATOR)	SIGNATURE
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**PROPERTY DECLARED IN THIS REPORT**

ITEM NO.	DESCRIPTION <small>(Include NSN, MFGR, Model, Type, Capacity, Dimensions, etc.)</small>	QUANTITY	MFGR. SERIAL NO.	NIH PROPERTY NO.	COND. CODE	ACQUISITION COST

**CONTRACTING OFFICER'S REVIEW**

**TOTAL COSTS**

<input type="checkbox"/>	I CONCUR WITH THE RECOMMENDATIONS OF THE PROPERTY ADMINISTRATOR.	NOR	G/L	TOTAL
<input type="checkbox"/>	I DO NOT CONCUR WITH THE RECOMMENDATIONS OF THE PROPERTY ADMINISTRATOR. SEE MY RECOMMENDATIONS ATTACHED.	SIGN. OF SUPVR. PROP ADMIN		DATE

SIGNATURE	DATE	SUPVR. PROPERTY ADMINISTRATOR
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