



DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT, NEW ORLEANS
400 RUSSELL AVE BLDG 192
NEW ORLEANS, LOUISIANA 70143-5077

NAVCRUITDISTNOLAINST 7322.1K
14
10 Mar 2015

NAVCRUITDIST NEW ORLEANS INSTRUCTION 7322.1K

From: Commanding Officer, Navy Recruiting District New Orleans

Subj: ACCOUNTABILITY OF MINOR PROPERTY

Ref: (a) COMNAVCRUITCOMINST 4400.1E

Encl: (1) PROPERTY SPOT CHECK
(2) DD FORM 200
(3) NAVCRUIT 5230/6 CUSTODY CARD

1. Purpose. To establish uniform procedures for the accountability of minor property under the cognizance of Commanding Officer, Navy Recruiting District New Orleans.
2. Cancellation. NAVCRUITDISTNOLAINST 7322.1J.
3. Background. In accordance with reference (a), the term "Minor Property" is personal property acquired for immediate use and having a unit cost between \$2,500.00 and \$100,000.00. "Pilferable Items" are defined as items which, regardless of cost, can easily be converted to personal use or cash (i.e., digital, video and photo imaging equipment and laptops).
4. Discussion. The procedures contained herein are prescribed in order to standardize the definition and method of control for items, which do not meet current plant property reporting criteria and, therefore, are not reported in the plant property account.
5. Responsibilities. NRD Department Heads, Executive Staff, and Special Assistants are accountable to the Property Administrator (PA) for plant and minor property within their areas of functional responsibility, and can designate, in writing, a Property Responsible Officer (PRO). However, each page of completed inventory must be signed by the Accountable Officer (i.e., LCPO/LPO, DLCPO, DIVO).
6. Action.
 - a. The PA is directly responsible for all aspects of the Property Program and compliance with applicable references governing the program.

b. The Commanding Officer will designate, in writing, a Property Responsible Officer (PRO) and an alternate. A copy of the designation letter will be forwarded to the command's PA. The PRO is the single point of contact to the PA, and will maintain accountability and custody of all property within their area of responsibility.

7. The PA will:

a. Ensure implementation of the Property Program. Maintain property inventory/database. Ensure that all property is physically marked with a 10-digit barcode; barcode must be comprised of a five-digit UIC and a five-digit alphanumeric number (i.e., 6671500001). Property valued at greater than \$5,000, will be entered into DPAS. At a minimum, laptops, printers, computer monitors, scanners and fax machines will be inventoried into DPAS. Additionally, the CO may approve any additional items to be entered into DPAS. This material is normally considered "pilferable", and can be easily converted to personal use or cash.

b. Provide a listing of property to each designated PRO on the following occasions for validation:

(1) Certification of inventory validity is to be conducted no later than the 15th of March every year.

(2) Upon relief of the CO.

(3) Upon relief of the Accountable Officer(s).

c. Ensure the results of triennial inventories are submitted to NAVCRUITCOM (N41) no later than 15 April during the year of inventory.

d. Notebook computers, due to their construction, convertibility to cash, and use in diverse environments, require special handling. All individuals assigned a notebook computer will sign a custody card (NAVCRUIT 5230/6) acknowledging responsibility for the notebook computer. The SYSAD will keep custody cards on file.

e. Maintain a single file folder for each station, department, and MEPS inventory.

8. PROs will:

a. Ensure all property is identified, tagged, and inventoried per guidance outlined above. Be responsible for the inventory, safeguarding, and care of assigned equipment.

b. Advise PA of all acquisitions, dispositions, transfers, gains and losses for posting in the property database. Contact PA to receive the proper paper to transfer property. For missing, lost, or stolen property, notify the Physical Security Officer. Also, complete DD Form 200 enclosure (2) and forward up to the PA.

c. Verify inventory report from database under the following conditions:

- (1) Relief of Accountable Officer(s).
- (2) Completion of triennial physical inventory.
- (3) Completion of annual verification inventory.

9. Inventory requirements for Visual Information (VI) equipment (formally "Audiovisual" equipment) held within the Advertising/Marketing Department and all NAVCRUITDISTs will follow procedures listed in Section 305, paragraphs 2 thru 6 and 8 of reference (a) with the following exceptions:

a. When using Non-ADP database fields, the letters VI will be entered in the Asset ID section and the comments block should be used to denote usage as Visual Information equipment for Digital Imaging (digital cameras and lens, printers, scanners) or exhibition (LCD projectors).

b. Still film cameras and lenses, televisions and video recorder/players will also be listed in the Non-ADP database fields and noted as VI equipment in the Asset ID block.

10. The Commanding Officer will ensure that personnel under his cognizance understand and comply with these provisions. Spot Check Procedures: Periodically, pick several stations (or a division) and complete a spot check of property per enclosure (1) to ensure accountability has been maintained between inventories.

/s/
C. A. STOVER

Distribution List:
Electronic only, Via: <http://www.cnrc.navy.mil/neworleans>

Property Spot Check

Department/Station

Department _____ LCPO/WCS _____

<u>Item</u>	<u>Barcode#</u>	<u>Item</u>	<u>Barcode #</u>
Typewriter		Computer	
<u>Laptops</u>		<u>Printer</u>	
<u>Software</u>		<u>Monitor</u>	
<u>Engraving Machine</u>		<u>Fax Machine</u>	
<u>Copier</u>			

Navy Recruiting District New Orleans.

Please annotate current department head name and all property numbers. Check closets, storerooms, desk drawers, etc.

Provide results to the Logistics Support Department not later than _____.
(Date)

Property Spot Check (Continued)

MEMORANDUM

Date: _____

From: _____

To: _____

Subj: (Insert Station Name) STATION VISIT AFTER ACTION REPORT

1. Inventory: Up To Date: _____ Not Up To Date: _____

2. Property:

3. Furniture Condition: EXC _____ GOOD _____ FAIR _____ POOR _____

4. Supplies Needed: (*Forms, Consumable Items RADS, Etc.*)

5. Facilities:

Condition Of Building: EXC _____ GOOD _____ FAIR _____ POOR _____

Condition Of Office: EXC _____ GOOD _____ FAIR _____ POOR _____

Condition Of Bathrooms: EXC _____ GOOD _____ FAIR _____ POOR _____

Property Spot Check (Continued)

Climate Control: EXC _____ GOOD _____ FAIR _____ POOR _____

Signs/Building Facade: EXC _____ GOOD _____ FAIR _____ POOR _____

6. LPO Listed With Police And Fire Dept: Yes _____ No _____

7. Vehicles:

Number Of Vehicles: _____

Condition Of Outside: EXC _____ GOOD _____ FAIR _____ POOR _____

Condition Of Inside: EXC _____ GOOD _____ FAIR _____ POOR _____

Condition Of Tires: EXC _____ GOOD _____ FAIR _____ POOR _____

PARKING: EXC _____ GOOD _____ FAIR _____ POOR _____

8. Other Notes:

(Signature)

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS								
PRIVACY ACT STATEMENT								
AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.				ROUTINE USE(S): None.				
PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.				DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.				
1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER			3. DATE LOSS DISCOVERED (YYYYMMDD)			
4. NATIONAL STOCK NO.		5. ITEM DESCRIPTION			6. QUANTITY	7. UNIT COST	8. TOTAL COST 0.00	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)					<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)								
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10								
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)				b. TYPED NAME (Last, First, Middle Initial)		c. DSN NUMBER		
				d. SIGNATURE		e. DATE SIGNED		
12. (X one)		RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)				
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS						
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)				d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER		
				f. SIGNATURE		g. DATE SIGNED		
13. APPOINTING AUTHORITY								
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)				e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER		
				g. SIGNATURE		h. DATE SIGNED		
14. APPROVING AUTHORITY								
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)				e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER		
				g. SIGNATURE		h. DATE SIGNED		

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED
16. INDIVIDUAL CHARGED		
a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND <i>(X one)</i>		
<input type="checkbox"/> Submit the attached statement of objection. <input checked="" type="checkbox"/> Do not intend to make such a statement.		
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.		
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. SOCIAL SECURITY NUMBER
	g. SIGNATURE	h. DATE SIGNED
f. DSN NUMBER		
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

