INVENTORY VERIFICATION SURVEY

(See FAR 45.602-1(b)(1))

OMB Control Number: 9000-0075
Expiration Date: 12/31/2018

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0075. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

SECTION I - GENERAL

DATE:

1. FROM: *(Include ZIP Code)*

2. TO: *(Include ZIP Code)*

3. CONTRACT NUMBER AND TYPE

4. CONTRACTOR/SUBCONTRACTOR

5A. SCHEDULES OF INVENTORY TO BE INSPECTED AND VERIFIED

REFERENCE NUMBER	PAGES		AMOUNT ($)
	START NUMBER	END NUMBER	

5B. PLANT CLEARANCE CASE NUMBER/DOCUMENT NUMBER

SECTION II - TECHNICAL VERIFICATION

	YES	NO
6. IS PROPERTY LISTED ON THE INVENTORY DISPOSAL SCHEDULES ON HAND AND IN THE QUANTITIES INDICATED?		*
7. IS THE PROPERTY CORRECTLY DESCRIBED ON THE INVENTORY DISPOSAL SCHEDULES?		*
8. IS THE PROPERTY SEGREGATED OR ADEQUATELY PROTECTED?		*
9. IS THE PROPERTY PROPERLY TAGGED?		*
10. ARE THE CONDITION CODES ACCURATE?		*
11. IS THE PROPERTY CLASSIFICATION CORRECTLY IDENTIFIED?		*
12. ARE THE WEIGHTS OF THE ITEMS APPROXIMATELY CORRECT?		*
IF WEIGHTS ARE NOT SHOWN, GIVE ESTIMATE OF WEIGHT BY BASIC MATERIAL CONTENT: _____		
13. DO THE ITEMS APPEAR TO HAVE COMMERCIAL VALUE OTHER THAN SCRAP?	*	*
14. DID CONTRACTOR MAKE REASONABLE EFFORTS TO RETURN THE PROPERTY?		*
15. DO ANY ITEMS REQUIRE DEMILITARIZATION OR SPECIAL PROCESSING *(sensitive items)* ?	*	
16. ARE COMMON ITEMS INCLUDED ON THE INVENTORY DISPOSAL SCHEDULE?	*	

SECTION III - TERMINATION INVENTORY

COMPLETION OF THIS SECTION ☐ **IS** ☐ **IS NOT REQUIRED** *(Requester, check one)*

	YES	NO
17. DID WORK STOP PROMPTLY UPON RECEIPT OF THE TERMINATION NOTICE?		*
DATE OF NOTICE: _____		
18a. DO THE QUANTITIES OF MATERIAL EXCEED THE AMOUNTS THAT WOULD HAVE BEEN REQUIRED TO COMPLETE THE TERMINATED PORTION OF THE CONTRACT?	*	
b. CAN THE ITEMS OF TERMINATION INVENTORY BE USED ON THE CONTINUING PORTION OF THE CONTRACT?	*	
19. ARE ALL ITEMS AND QUANTITIES ALLOCABLE TO THE TERMINATION PORTION OF THIS CONTRACT OR ORDER?		*
20. DOES THE INVENTORY INCLUDE REJECTS? IF YES, EXPLAIN SPECIFIC LINE ITEM ENTRIES. OBTAIN FROM CONTRACTOR ESTIMATED COST OF REWORKING REJECTS ON SPECIFIC LINE ITEM BASIS.	*	
21a. HAVE COMPLETED ARTICLES BEEN INSPECTED AS TO QUALITY AND CONFORMANCE TO SPECIFICATIONS?		*
b. DO THE COMPLETED ITEMS INSPECTED CONFORM TO CONTRACT SPECIFICATIONS?		*
c. DO OTHER THAN COMPLETED ITEMS CONFORM WITH TECHNICAL REQUIREMENTS OF THE CONTRACT OR ORDER?		*
22. FOR WORK-IN-PROCESS, IS THE PERCENTAGE OF COMPLETION ACCURATE?		*

23. REQUESTING OFFICE REMARKS *(Where the answer to any question is placed in a block containing an asterisk (*) detailed comments of the verifier shall be included on the reverse of this form and identified by section and item number.)*

24. SIGNATURE OF REQUESTER

INVENTORY VERIFICATION

The above information is based on a physical verification of inventory listed under Item 5.

25. NAME AND TITLE	26. SIGNATURE OF VERIFIER	27. DATE