


**GUAM MEMORIAL HOSPITAL AUTHORITY  
POLICY AND PROCEDURE MANUAL**

<b>APPROVED</b>  Associate Hospital Administrator, Operations	<b>RESPONSIBILITY</b> <b>Materials Management</b>	<b>ORIGINATION DATE</b> 9/01	<b>NUMBER</b> 8.2	<b>PAGE</b> 1 of 1
<b>TITLE: DISPOSITION OF ASSETS EQUIPMENT</b>				
<b>LAST REVIEWED/REVISED: 6/09</b>				
<b>ENDORSED: EMC /2009, MEC /2009, BOT-P&amp;F /2009, BOT /2009</b>				

**PURPOSE:**

To explain the process in the proper procedure to dispose of unserviceable assets, damaged or obsolete equipment.

**POLICY:**

The Materials Management Administrator, Property Management Officer and Department Heads are responsible for the proper disposal of unserviceable, damaged or obsolete equipment.

**PROCEDURE:**

1. The department head will submit a work order to the Bio-Medical section of Facilities Maintenance to determine the condition of the equipment. The request will include description, brand, model number, serial number, date of purchased and nature of the request.
2. Upon determination on the condition of the equipment, the department head will initiate and turn in the completed Report of Survey Form to the Property Management Officer, The equipment will remain in the department area until all documents are complete and processed.
3. If the equipment is obsolete, a determination is prepared to see if the equipment can be used for trade-in value towards the purchase of a new and updated model. If not, the equipment will be transferred to the General Services Administration for their disposition.

A copy of the completed Report of Survey will be maintained in the Materials Management Property File and a copy will be forwarded to the Fixed Asset Manager in Accounting.



# GUAM MEMORIAL HOSPITAL AUTHORITY PROPERTY SURVEY REPORT

SUBJECT TITLE: **REPORT OF SURVEY (Part 1 of 2)**

Report No: \_\_\_\_\_

Date: \_\_\_\_\_

**MEMORANDUM**

To: Hospital Property Management Officer

Via: Facilities Maintenance

From: \_\_\_\_\_  
DEPARTMENT

Subject: Survey of equipment and (or) furniture.

We certify that the property (ies) listed on this survey report is (are) recommended for disposition to be made thereof as indicated. As head of this department. I certify disposition of the hospital property as the need arises and determine liability relative to lost, usefulness, stolen and/or damaged property.

Item No.	Property No. & Serial No.	Description	Value	Disposition				
				A	B	C	D	E

A - To be destroyed B - Advertised for sale C - Transfer to GSA D - Used for repairs E - Capital Returns

Inspected by Facilities Maintenance:

Surveying Department Head

\_\_\_\_\_

Print

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature



# GUAM MEMORIAL HOSPITAL AUTHORITY PROPERTY SURVEY REPORT

(Revised April 1987)

SUBJECT TITLE: REPORT OF SURVEY (Part 2 of 2)

Report No: \_\_\_\_\_

Date: \_\_\_\_\_

Date and Circumstance: \_\_\_\_\_

Findings: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**SHOULD INCLUDE RECOMMENDATION FOR COLLECTION FROM  
RESPONSIBLE EMPLOYEE(S) RELEASE FROM LIABILITY  
(TO BE COMPLETED ON SURVEY OF UNSERVICEABLE PROPERTY)**

We certify that the property listed on Part I of this report has been inspected by  
Our office and recommend disposition to be made thereof as indicated.

Plant & Property Management  
Section Supervisors.

Approved by:

\_\_\_\_\_  
FACILITIES MAINTENANCE

Date: \_\_\_\_\_

\_\_\_\_\_  
HOSPITAL PROPERTY MANAGEMENT OFFICER

Date: \_\_\_\_\_

**Note: Additional sheets of paper, property captioned, may be used if necessary.  
Arrangements will be made upon completion and approval of this report, to carry out the  
recommended disposition of the property. Until such time, the property listed will remain in the  
department.**