

**CNM PROPERTY CONTROL**  
**Equipment Inventory Adjustment Document**

**Equipment Disposal Information**

- Item obsolete/broken and no longer valuable to the institute. **Property Control will forward Work Order to S&R.**
- Item nonfunctional, but would like to keep for PARTS. (Computers cannot be kept for Parts.)
- Item traded in: PO# \_\_\_\_\_
- Item to be donated/sold to \_\_\_\_\_. CNM declares equipment taken out of service and released to the above organization "As Is" and makes no guarantee or warranty. All risk and responsibility of item passes to the above organization upon removal from CNM premises.

CNM Inventory # \_\_\_\_\_ Department Name: \_\_\_\_\_ Dept # \_\_\_\_\_ Date: \_\_\_\_\_

Description of Equipment: \_\_\_\_\_ Serial # \_\_\_\_\_

Item Cost: \_\_\_\_\_ Estimated Fair Market Value: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Present Location: \_\_\_\_\_

Describe general condition of property at present: \_\_\_\_\_

\_\_\_\_\_ Is the equipment in operating condition? \_\_\_\_\_

**REQUIRED FOR ALL COMPUTERS:** Prior to disposal, ITS shall sanitize or destroy hard drives, making all licensed software/electronic media pertaining to CNM inaccessible. ITS personnel must sign upon completion of required procedure.

ITS Staff Signature: \_\_\_\_\_

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**Equipment Missing, Lost, or Stolen Information**

**DEPARTMENT MUST REPORT TO SECURITY**

CNM Inventory # \_\_\_\_\_ Department Name: \_\_\_\_\_ Dept # \_\_\_\_\_ Date: \_\_\_\_\_

Description of Equipment: \_\_\_\_\_ Serial # \_\_\_\_\_

Item Cost: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Person responsible for missing equipment: \_\_\_\_\_ Date noticed missing: \_\_\_\_\_

Room location last reported: \_\_\_\_\_ Date reported to Security \_\_\_\_\_ Officer's Name: \_\_\_\_\_

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**Equipment Transfer/Movement Information**

- Item transferred to another Inventory Custodian/department.
- Item moved to new room location. **Move has been completed.**
- Forward Movement Request to Shipping & Receiving.** Movement of equipment required.

CNM Inventory # \_\_\_\_\_ Description & Serial # \_\_\_\_\_ Date of Move: \_\_\_\_\_

Location before move: \_\_\_\_\_ Originating Department # \_\_\_\_\_ Inventory Custodian: \_\_\_\_\_

Location after move: \_\_\_\_\_ Destination Department # \_\_\_\_\_ Inventory Custodian: \_\_\_\_\_

Released By Signature: \_\_\_\_\_ Accepted By Signature: \_\_\_\_\_

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**SIGNATURES REQUIRED**

Initiator's Signature: \_\_\_\_\_ Dean/Supervisor: \_\_\_\_\_

Property Control Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_