

**PROPERTY SURVEY REPORT**

STD. 152 (REV. 9/00)-CDPH

**Record as of disposition date (lost, stolen or destroyed property—record as of the date such determination was made).**

RETURN TO:

REPORTING DEPARTMENT/AGENCY <b>California Department of Public Health</b>	Attention <input type="checkbox"/> Asset Management <input type="checkbox"/> Contractor Asset Management <input type="checkbox"/> Vehicle Services	DOCUMENT NUMBER
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RETURN ADDRESS <b>P.O. Box 997377, 1501 Capitol Avenue, Suite 71.5178, MS 1801</b>	IMS CODE <b>H-01</b>	DATE
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CITY <b>Sacramento</b>	ZIP CODE <b>95899-7377</b>	REPLACEMENTS: SEE PURCHASE ESTIMATE NUMBER
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Authority is requested to dispose of the following State property:	FUND OWNED BY <b>CDPH Program/Index:</b>	CONTACT PERSON	TELEPHONE NUMBER ( )	ATTACHED
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ITEM-DESCRIPTION, MODEL NUMBER, SERIAL NUMBER, ETC.	STATE IDENT. NO. (1)	DATE PURCHASED	ORIGINAL COST	LOCATION (CITY)	PRESENT CONDITION	DISP. CODE*	PRICE OFFERED (2)	PRICE RECEIVED (3)	RECEIPT NUMBER
1.		/ /							
2.		/ /							
3.		/ /							
4.		/ /							
5.		/ /							
6.		/ /							
7.		/ /							

(1) PROPERTY TAG NUMBER OR  NUMBER FOR VEHICLE

(2) DO NOT OBTAIN BIDS ON TRADE-INS. ESTIMATE PRICE OFFERED

(3) AMOUNT ALLOWED IF TRADED IN OR SOLD

- \*DISPOSITION CODE**
- 1. TRADE-IN
  - 2. SALE (INCLUDING JUNK SALE)
  - 3. JUNK – VALUELESS GS
  - 4. LOST\*\* } DEPARTMENT OF GENERAL SERVICES REVIEW FOR 4, 5, & 6 NOT REQUIRED
  - 5. STOLEN\*\* } DEPARTMENT OF GENERAL SERVICES REVIEW FOR 4, 5, & 6 NOT REQUIRED
  - 6. DESTROYED (AS BY FIRE, ETC.) }
  - 7. TO BE SALVAGED
  - 8. PROPERTY REUTILIZATION--GENERAL SERVICES, SURPLUS PROPERTY
- \*\*IF LOST, STOLEN OR DESTROYED, REFER TO SAM SECTION 8643 FOR INSTRUCTIONS.

**EXPLANATION-REASONS FOR PROPOSED DISPOSITION OF EACH ITEM**

CDPH Program Location:

<b>APPROVED BY PROPERTY SURVEY BOARD</b> <i>(A minimum of two signatures is required)</i>		<b>CERTIFICATION OF DISPOSITION</b>		<b>REVIEWED BY DEPT. OF GENERAL SERVICES</b>	
<p>The above statements regarding state property are true and correct; culpable negligence (check appropriate box)</p> <p><input checked="" type="checkbox"/> was <input type="checkbox"/> was not involved in loss, theft, or damage; the disposition proposed is better for the public interest.</p>		<p>The above described property was disposed of as follows: (specify if no consideration was received)</p>		<p>FOR DGS REVIEW, SEND TO: Department of General Services State Agency for Surplus Property</p> <p><b>NORTH</b> 1700 National Drive Sacramento, CA 95834</p> <p><b>SOUTH</b> 701 Burning Tree Road Fullerton, CA 92633</p>	
		<p>MANNER OF DISPOSAL</p>		<p>FOR DISPOSITION OF VEHICLES AND MOBILE EQUIPMENT, SEND TO:</p> <p>Department of General Services Office of Fleet Administration 802 Q Street Sacramento, CA 95814</p>	
SIGNATURE	DATE SIGNED	DISPOSAL DATE	SIGNATURE (Officer Supervising Disposal of the Property)	SIGNATURE	
1.		/ /			
2.					
3.					

**(DO NOT USE HALF SHEETS OR STAPLES)**