



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON, FORT CAVAZOS
1001 761ST TANK BATTALION AVENUE
FORT CAVAZOS, TEXAS 76544-5002

AMIM-CAG-ZA (405-45a)

05 JUN 2024

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Facility Hand Receipt Policy

1. REFERENCES.

a. Army Regulation (AR) 190-51, (Security of Unclassified Army Resources (Sensitive and Nonsensitive)), 27 June 2019.

b. AR 380-5, (Army Information Security Program), 25 March 2022.

c. AR 405-45, (Real Property Inventory Management), 1 November 2004.

d. AR 405-70, (Utilization of Real Property), 12 May 2006.

e. AR 735-5, (Property Accountability Policies), 9 November 2016.

f. AR 190-51, (Security of Unclassified Army Resources (Sensitive and Nonsensitive)), 27 June 2019.

2. PURPOSE. To establish policies and procedures to provide facilities to Army tenants, Department of Defense (DoD), and non-DoD organizations that are responsible for Army real property.

3. APPLICABILITY. This policy applies to Fort Cavazos personnel responsible for Army real property.

4. POLICY.

a. The Garrison Commander exercises overall authority over this policy within Fort Cavazos.

b. The management of Fort Cavazos real property is controlled by the Directorate of Public Works (DPW), Real Property Planning Division (RPPD), and the Real Property Accountable Officer (RPAO).

c. DPW / RPPD:

(1) Enforces this policy and all applicable regulations.

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(2) Manages and administers real property within Fort Cavazos.

(3) Assists III Armored Corps and Fort Cavazos Units, tenant organizations, and civilian leaders with real property requirements.

d. RPAO:

(1) Ensures 100% of real property facilities are accounted for in accordance with (IAW) Army regulations.

(2) Ensures that facilities are issued to Fort Cavazos facility occupants IAW Army regulations and this policy memorandum.

(3) Provides customer service for real property facilities, key requests, and central clearing.

(4) Provides personnel to conduct pre-inspections and facility turn-over functions for the issuing and receiving of facilities.

(5) Contacts other divisions and agencies that require involvement in the facility inspection, issue, and return process.

(6) Conducts inspections prior to and following winter weather events for all vacant, unassigned real property facilities.

e. Commanders and Civilian Leaders:

(1) Establishes facility hand receipts at the Brigade or Battalion command levels with the Real Property Office by providing their assumption of command orders and signature card (DA 1687). If the Brigade or Battalion command levels are located outside Fort Cavazos, units must contact the Real Property Office for further guidance.

(2) Ensures facility hand receipts are current, updated annually at the Real Property Office and/or when a change in command and/or position occur, and maintained IAW Army regulations and this policy memorandum.

(3) Ensures facility keys are maintained IAW physical security regulations and Fort Cavazos policies.

(4) Appoints a Primary and Alternate Hand Receipt Holder (HRH) on the signature card to sign for facilities and keys with the Real Property Office, monitor the

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unit's key control program, and coordinate facility turn-ins/turnovers. HRHs must be a Commander CPT (O-3) and above, or civilian equivalent.

(5) Appoints a Repair and Utilities (R&U) unit representative who must complete the 40-hour R&U training provided by the Fort Cavazos Troop School. The assigned representative may apply for training by utilizing the following link: usarmy.cavazos.troopschool.mbx@army.mil. After completing the training, the R&U representative will be responsible for performing periodic inspections and minor repairs IAW the training using basic hand tools. R&U representatives submit and track Demand Maintenance Orders by using the Army Maintenance Application at <https://dpw.armymaintenance.com/arma> for any repairs and maintenance beyond the scope of R&U needed in the facilities.

(6) Appoints a Home Station Mission Command HRH prior to deployment, training or mission that requires the organization to be off / away from the installation for more than 180 calendar days. Rear-D HRHs have the same responsibilities and rank requirements as the Primary and Alternate HRHs.

(7) Assists DPW personnel in conducting facility inspections for information such as category codes, facility status, utilization, facility conditions, and granting access for repairs, maintenance, locksmithing, and quality assurance and control inspections.

(8) Conducts inspections prior to and following winter weather events for all assigned real property facilities.

5. PROCEDURES.

a. To request information on facility hand receipts, facility keys, or clearing a facility for turn-in/or turn-over, organizations or activities must contact the Real Property Office. For hand receipts and keys please contact the Real Property Front Desk at (254) 287-2801 and (254) 553-2012, usarmy.cavazos.id-readiness.mbx.dpw-rppd-front-desk@army.mil. For facility inspections contact (254) 287-6757 and (254) 287-7587.

b. Requests for key services will be evaluated to determine if the requestor is authorized on a Real Property hand receipt, or if they receive instruction to contact an authorized HRH.

6. The point of contact for this memorandum is Ms. Jill D. Martin, Real Property Branch Chief and Accountable Officer at (254) 287-3955, jill.d.martin.civ@army.mil.

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SUBJECT: Facility Hand Receipt Policy

7. EXPIRATION. This command policy memorandum supersedes all previous policy letters and will remain in effect until superseded or rescinded.

- 3 Encls
1. Lock and Key Procedures for Hand Receipt Holders
 2. Key Request Form
 3. Winter Weather Action Plan



LAKICIA R. STOKES
Colonel, LG
Commanding



DEPARTMENT OF THE ARMY
DIRECTORATE OF PUBLIC WORKS, FORT CAVAZOS
BUILDING 4612 ENGINEER DRIVE
FORT CAVAZOS, TEXAS 76544-5002

AMIM-CAP (405-45a)

05 March 2024

MEMORANDUM FOR WHOM IT MAY CONCERN

SUBJECT: Lock and Key Procedures for Hand Receipt Holders

1. References:

a. Army Regulation (AR) 735-5, (Property Accountability Policies), 9 November 2016.

b. Garrison Facility Hand Receipt Policy.

2. Applicability: These procedures are applicable to all Major Subordinate Commands (MSC), subordinates, and civilian leaders on Fort Cavazos that are or will be signing for Army real property.

3. Process:

a. Key Requests: In accordance with (IAW) the Garrison Facility Hand Receipt Policy, commanders and civilian leaders appoint hand receipt holders (HRH) to establish and maintain facility hand receipts with the Real Property Office. HRHs sign for facilities and keys and units and organizations must go through HRHs for key and lock requests. Adherence to the following procedures will ensure that requests are responded to in a timely manner.

(1) HRHs must have an active hand receipt at the Real Property Office and be a current HRH to request and pickup keys. The Real Property Customer Service Desk can provide instructions if the hand receipt is delinquent.

(2) To request additional keys, replacement keys, or re-keys HRHs submit a request form with applicable attachments to the Real Property Office. The request form must be filled out completely and include all required attachments. Incomplete forms and missing attachments will be returned to the HRH with instructions to update.

(3) Replacement keys cost \$4.00 per key.

(4) Re-keys cost \$45.00 per core. Four new keys are cut for re-keyed locks.

i. HRHs must pick up the new keys at the Real Property Office once notified, then schedule an appointment with the Lock Shop to install the new core(s).

ii. Re-keys are held at the Real Property Office for 30 days and are disposed of if not picked up within that timeframe. The HRH must resubmit a re-key request with the Real Property Office if the keys are not picked up within 30 days.

b. Financial Liability Investigation of Property Loss (FLIPL): IAW AR 735-5, Chapter 13, a DD Form 200 will be processed when negligent misconduct is suspected as the cause for lost, damaged, or destroyed Government property, and the individual does not admit liability and refuses to make voluntary reimbursement to the Government. Adherence to the following procedures will ensure that submittals are reviewed, signed, and returned in a timely manner.

(1) The initiator of a DD Form 200 will normally be the hand receipt holder, unit commander or agency head, or the individual with the most knowledge of the incident. They must contact the Real Property Office to request copies of the most recent hand receipts.

(2) The process starts with the discovery of loss, damage, or destruction, then a request to the Real Property Office for the most recent hand receipts. Once received a complete inventory of the hand receipt is conducted.

(3) After complete inventory is conducted, missing keys are identified by key ID, facility number, quantity of missing keys per ID, and a cost per item. Barracks, Arms Room, and SCIF keys must be re-keyed, and the cost notated accordingly.

(4) The initiator gathers dates and circumstances, initiates the FLIPL, and completes the narrative portion.

(5) A copy is emailed or dropped off at the Real Property Office for review and is returned to the initiator for corrections, if needed.

(6) The Real Property Customer Service Desk conducts a final review, if needed, then instructs the initiator to send the FLIPL through Army eFLIPL to the Real Property Accountable Officer (RPAO) and request a document number and signature. The RPAO must submit a request to be the unit's accountable officer for real property if not already in the system.

(7) The HRH must make an appointment with the Real Property Office once the DD Form 200 is completely processed to update the hand receipt. The Real Property Office will provide a list of required documents the HRH must bring with them to the appointment.

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SUBJECT: Lock and Key Procedures for Hand Receipt Holders

c. Broken Keys: In the event of broken keys, HRHs must bring the upper portion of the broken key to the Real Property Office for instructions.

4. Points of Contact.

a. The Real Property Customer Service Desk can be reached at usarmy.cavazos.id-readiness.mbx.dpw-rppd-front-desk@army.mil, (254) 287-2801 / (254) 553-2012, and is located at Bldg. 4622, 1388 Engineer Drive.

b. The Real Property Accountable Officer can be reached at jill.d.martin.civ@army.mil, (254) 287-3955.

5. The POC for this memorandum is Ann Hunt, Realty Specialist Lead, ann.m.hunt.civ@army.mil, (254) 287-3954.

MARTIN.JILL.DEA
NN.1273859426

Digitally signed by
MARTIN.JILL.DEANN.1273859
426
Date: 2024.03.05 07:43:46
-06'00'

JILL D. MARTIN
Real Property Accountable Officer
Directorate of Public Works

FORT CAVAZOS
Real Property Branch
REQUEST FOR KEYS TO FACILITIES ON FEDERAL LANDS AND PROPERTY

FORM APPROVED
RPPD Control Number: 24-001

NOTE: Before completing and submitting a request, the requester must have an Active Hand Receipt at Real Property and be a current hand receipt holder. The HRH will fill out this form completely, and include required attachments. Requests will not be processed unless all requirements are met.

Date:

1. Hand Receipt Status: *Must be Current*

a. Current

b. *Delinquent (Request cannot be submitted)*

**If delinquent, contact the RP Branch Front Desk for instructions on updating the hand receipt.*

2. Name and Unit/Organization:

3. Telephone number and email:

4. Select all that apply: *(Do not discard broken keys; contact the RP Branch Front desk for instructions).*

a. Additional Keys (Provide details in block 6.)

d. Key/Lock Validation (Provide detailed description below).

b. Replacement Keys (\$4.00 ea) (Provide details in block 7.)
Barracks, Arms Room, and SCIF keys cannot be replaced and must be re-keyed.

c. Re-key (\$45.00 per core) (Provide details in block 8.)

5. Facility Number, Key Number, and Number of Keys:

- | | | |
|----|----|----|
| a. | f. | k. |
| b. | g. | l. |
| c. | h. | m. |
| d. | i. | n. |
| e. | j. | o. |

6. Justification for Additional Keys:

7. Justification for replacement keys: (Select all that apply and attach required documentation) Requests will not be processed until all requirements are met.

pay.gov receipt or Cash Collection

Statement of Charges

FLIPL

Examples are provided at Appendices A, B, C

8. Justification for re-key(s): (Select all that apply and attach required documentation) Requests will not be processed until all requirements are met.

pay.gov receipt or Cash Collection

Statement of Charges

FLIPL

I HEREBY CERTIFY, That I am authorized to act on behalf of the Signature Authority, the Brigade or Battalion Commander, and that I have personally examined the information contained in the request and believe that the information submitted is correct to the best of my knowledge.

Signature of Requester

Date

1 Type in 'USAG Fort Cavazos Key Collection Payment'


2 **USAG Fort Cavazos Key Collection Payments**

Description: Fort Cavazos soldiers and civilians can use this form to pay for lost keys and rekeys.
Form Number: USAG Fort Cavazos
Agency: [Defense \(DOD\): US Army](#)

[Continue](#)

USAG Fort Cavazos Key Collection Payments

Progress: 1. Before You Begin (checked) 2. Complete Agency Form (active) 3. Enter Payment Info 4. Review & Submit 5. Confirmation



Fort Cavazos Key Payment- Replacement Form

This form is for key payments used to replace lost and/or stolen facility keys on Fort Cavazos. Soldiers and/or civilians can use this form to submit payments to the US Army Garrison, Resource Management Office, in lieu of submitting cash. Please call RMO Civ Pay at 254-287-3761/257-287-8717 if you have any questions.* Solders and/or civilians must notify the Unit/Org Hand Receipt Holder of the missing or lost key(s).

*All fields are required. We will notify you of any issues by contacting you by phone or email.

Fort Cavazos Facility Hand Receipt (List)

Use the drop down menu to select your Unit *

RESOURCE MANAGEMENT, USAG
(Units are listed at the brigade and/or battalion level)

Use the drop down menu to select your Facility Number *

4613
(If unknown, verify facility number with the unit Hand Receipt Holder)

3

Select your specific Organization

Select your specific Bldg. Number

USAG Fort Cavazos Key Collection Payments

Progress: 1. Before You Begin (checked) 2. Complete Agency Form (active) 3. Enter Payment Info 4. Review & Submit 5. Confirmation

About this form

Fort Cavazos soldiers and civilians can use this form to pay for lost keys and rekeys.

This form is for key payments used to replace lost and/or stolen facility keys on Fort Cavazos.

Soldiers and/or Civilians can use this form to submit payments to the US Army Fort Cavazos, Resource Management Office, in lieu of submitting cash.

Lost and/or Missing Barracks and Arms Room keys are automatic ReKeys. If the wrong option is selected the user will have to correct the payment before Fort Cavazos Real Property submits the work request.

Accepted Payment Methods:

- Bank account (ACH)
- Amazon account
- PayPal account
- Debit or credit card

With an account you can:

- See the payments you made since you created an account.
- Store payment information so you don't have to re-enter it.
- Copy a form you already submitted the next time you need to make a payment.

To take advantage of these benefits, you can [Sign In](#) . If you don't have an existing account, you will have the option to create an account on the sign-in page. To continue as a guest user, click the "Continue to the Form" button.

[Preview Form](#) [Cancel](#) [Continue to the Form](#)

4

Soldier and/or Civilian Information

First Name *

Last Name *

Phone Number *

Email Address *

Key Information

Key Quantity *

Type in Quantity of key(s) replacing

Use the drop down menu to select either a Replacement Key (cost \$4.00) or a ReKey (cost \$45.00). (Lost and/or Missing Barracks and Arms Room keys are automatic ReKeys. If the wrong option is selected the user will have to correct the payment before Real Property submits the work request)

Key Type *

Total Amount Due *

Ensure that all blank fields are filled in accurately

Replacement Key - \$4
 Rekey - \$45

USAG Fort Cavazos Key Collection Payments

5



Payment Information

Payment Amount \$4.00

* I want to pay with my

- Bank account (ACH)
- Amazon account
- PayPal account
- Debit or credit card

[Previous](#) [Return to Form](#) [Cancel](#)

Available payment options.
Preferred payment types are Bank
Account, Credit/Debit Card

[Next](#)

Enter the Account/Card Information
Ensure that all blank fields are filled
in accurately

Fort Cavazos Key Collection Payments

6



Provide the payment information below. Required fields are marked with an *

Payment Amount

* Cardholder Name
First Last

* Cardholder Billing Address

Billing Address 2

City

* Country
United States

* State/Province
Select State/Province

* ZIP/Postal Code

* Card Number



* Expiration Date
Select ... Select ...

* Security Code

[What's this?](#)

[Previous](#) [Return to Form](#) [Cancel](#)

[Review and Submit Payment](#)

7

Payment Confirmation - USAG Fort Cavazos Key Collection Payment



Your payment is complete

You will not be able to access this receipt once you leave this page. A confirmation email has been sent to emily.e.urquidez.civ@army.mil.

Because you are not signed in:

This payment will not show in your payment activity. You can sign in or create an account now and Pay.gov will have a record of your payment.

A Receipt will be emailed to you.
You can create an account to
view your payment history.

8

FINAL STEP is to email a digital key
request with a copy of your
Payment Receipt to Real Property

STATEMENT OF CHARGES/CASH COLLECTION VOUCHER				1. DATE	
				8 Jan 2015	
				2. DOCUMENT/VOUCHER NUMBER	
				W6212F 5008-1021	
3. ORGANIZATION			4. STATION		
A Troop, 4th Cavalry Regiment, UIC: WAAABO			Fort Mile High, TX 12345-1234		
5. DISBURSING OFFICE COLLECTION VOUCHER NUMBER		6. DISBURSING STATION SYMBOL NUMBER		7. ACCOUNTING CLASSIFICATION	
012345-1245549		ABCD-EF		12345.67890	
STOCK NUMBER a.	ITEM DESCRIPTION b.	QTY c.	UNIT PRICE d.	TOTAL COST e.	
8465-01-115-0026	Canteen 1 Quart (C69536) (\$3.25)	1	2.92	2.92	
8365-01-753-6490	Cover Canteen Cold Weather (F29960) (\$3.25)	1	2.95	2.95	
8415-01-926-1674	Gloves Barb Wire Handler (DA1587) (\$14.10)	2	12.69	25.38	
8465-01-033-8057	Sleeping Bag Universal Type 2 (T71706) (\$115.95)	1	104.35	104.35	
8415-01-519-8599	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8600	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8601	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8602	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8603	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8604	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8605	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8415-01-519-8606	Coat Army Combat Uniform (C10345) (36.00)	1	32.40	32.40	
8. TYPE OR ACTION (Select one)					
a. PAYROLL DEDUCTION		b. CASH COLLECTION		c. GRAND TOTAL	
		<input checked="" type="checkbox"/>		394.80	
9. CERTIFICATION OF RESPONSIBLE INDIVIDUAL					
I certify that my signature hereon constitutes					
a. An authorization to recover the amount of the indebtedness through payroll deduction, if payroll deduction is checked. If cash collection is checked, I am remitting debt in cash.					
b. An affirmation that the articles are not now in my possession.					
c. An agreement to turn-in to the appropriate supply officer all articles later recovered, it being understood that the U.S. Government retains title to the articles listed hereon.					
d. RANK/ GRADE	e. NAME (LAST, First, Middle Initial)	g. CAUSE FOR CHARGE	h. SIGNATURE		i. AMOUNT
SPC	Doe, John A.	Lost Property	John A. Doe		135.60
f. SOCIAL SECURITY NUMBER					
123-45-6789					
10. ORGANIZATION COMMANDER			11. DISBURSING OFFICER OR PAYROLL CERTIFYING OFFICER		
The statements hereon are complete and correct. All damaged property has been disposed of in accordance with current directives and the charges have been computed in accordance with the provisions of AR 735-5, Appendix B.			The amount entered in grand total has been (FAO) check the appropriate action below.		
			a. Entered on the appropriate pay record or payroll, or DD Form 139 has been prepared and forwarded for collection.		
			<input checked="" type="checkbox"/>		
			b. Remitted through cash collection.		
a. DATE	b. SIGNATURE BLOCK/SIGNATURE	c. DATE	d. SIGNATURE BLOCK/SIGNATURE		
9 Jan 2014	John B Doe, CPT, CAV, Commanding	9 Jan 2014	John C. Doe, MAJ, Finance		

DD FORM 362, JUL 93

Previous edition may be used.

Reset

Adobe Professional 8.0

Figure 12-5. Sample DD Form 362

Investigation of Property Loss Time Segments

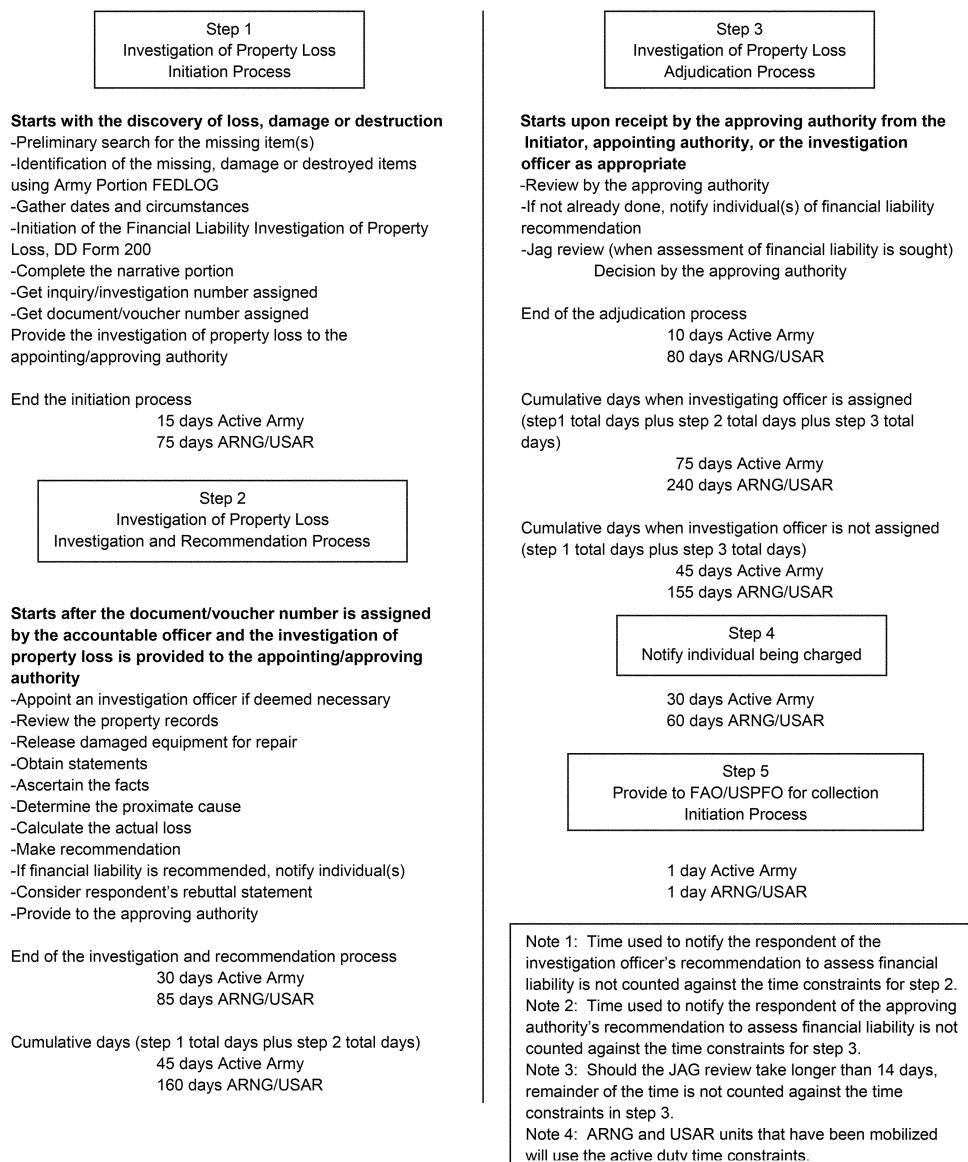


Figure 13-1. DD Form 200 processing time segments

13-9. Basic requirements for DD Form 200

a. Prepare DD Form 200 in original and as many copies as the local command prescribes (see fig 13-2). Prepare an additional copy when any of the individuals mentioned in DD Form 200, block 9, are within 6 months of termination of their service or employment. This copy will be provided to the installation FAO.

b. When it becomes known that there will be a requirement to prepare a DD Form 200 to investigate the loss of Government property, a DA Form 7531 (Checklist and Tracking Document for Financial Liability Investigations of Property Loss) will be prepared with elements in part A completed as events occur. When the DD Form 200 is prepared, it will be attached to DA Form 7531, which will be used as a checklist and for tracking events as they occur (see fig 13-3 for a sample of DA Form 7531).

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01			3. DATE LOSS DISCOVERED (YYYYMMDD) 20150930		
4. NATIONAL STOCK NO. C10345 8415-01-519-8599	5. ITEM DESCRIPTION Coat Army Combat Uniform Large Regular <input type="button" value="Add More Items"/>		6. QUANTITY 1	7. UNIT COST 36.00	8. TOTAL COST 36.00		
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) <input type="button" value="Add Page"/>							
<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> Organization <input type="checkbox"/> Installation <input type="checkbox"/> OCIE SGT John A. Doe was missing 16 each ACU coat and a sleeping bag at the shift change inventory. No coats or sleeping bags were issued during the shift on 29-30 September 2014, the missing coat and sleeping bag are lost. SGT Doe stated that someone must have stolen it during the night. Exhibit A through F							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) <input type="button" value="Add Page"/>							
Continue to reiterate and enforce the necessity for individuals to guard or secure equipment at all times.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A A Company, 34th Engineer Battalion Fort Knox, KY 401		b. TYPED NAME (Last, First, Middle Initial) Doe, Merlin X., SSG, Squad Leader		c. DSN NUMBER 315-123-4569		d. SIGNATURE DIGITAL SIGNATURE 123456789	
e. DATE SIGNED 20151001							
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)							
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS Request investigation to ensure all policy and procedures were followed.					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121		d. TYPED NAME (Last, First, Middle Initial) Doe, Mark W. Jr., CPT, Commanding		e. DSN NUMBER 315-456-8132		f. SIGNATURE DIGITAL SIGNATURE 123456789	
g. DATE SIGNED 20151115							
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Recommend approval of the financial liability investigating officer's findings to hold SGT Doe financially liable for failing to properly secure Government equipment.			c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121		e. TYPED NAME (Last, First, Middle Initial) Doe, Shanna Y., LTC Commanding		f. DSN NUMBER 315-456-8132		g. SIGNATURE DIGITAL SIGNATURE 123456789	
h. DATE SIGNED 20151115							
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Approved to hold SGT John A. Doe, financially liable in the amount entered in block 15d. SGT Doe's basic pay at the time of loss was \$2,146.00			c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 1st BCT, 2nd Infantry Division Fort Knox, KY 40121		e. TYPED NAME (Last, First, Middle Initial) Doe, Dean S. III, COL, Commanding		f. DSN NUMBER 315-159-000		g. SIGNATURE DIGITAL SIGNATURE 123456789	
h. DATE SIGNED 20151205							

DD FORM 200, JUL 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 8.0

Figure 13-4. Sample of DD Form 200 when more than one item is lost, damaged or destroyed

15. FINANCIAL LIABILITY OFFICER

a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

Add Page

I have examined all the available evidence shown in Block 9 and exhibits A through F. I also conducted numerous additional interviews and obtained other evidence and have attached them to this investigation, exhibits G through M. The ACU coats and sleeping bag were lost due to failure to properly secure Government property. The loss was a result of simple negligence on the part of SGT John A. Doe. SSG Zoe was assigned the task of outfitting the deploying forces of the 234th Infantry Battalion. His operation was set-up on the airfield. He ran a 24 hour operation with eight Soldiers, 12 hour shifts. There was an NCO assigned to each shift. SGT Doe had the night shift. There were approximately ten airfield personnel on duty at night. These airfield personnel move around freely throughout the facility. On the night of 29 September 2014, SGT Doe released everyone to go to chow at 2200hrs. He was the only one from the detail left on the airfield. After all had left for chow, SGT Doe went to the back room to use the computer to read and send some e-mails. He did not leave anyone to watch the supplies out on the floor. He did not have eyes on the supplies while in the back room. SGT Doe admits to staying in the room until everyone returned from chow.

At the morning shift detail inventory, it was discovered that a one large regular ACU coat and one sleeping was missing. None of the detail admitted to taking the ACU coats or the sleeping bag. All airfield personnel were interviewed but none admitted to knowing or seeing the thief. It was likely stolen during the time the items were unguarded, between 2200 and midnight, when SGT Doe was in the back room. The identity of the thief is still unknown.

SGT Doe had supervisory responsibility for the unissued items. A Statement of Charges was offered to SGT Doe to pay for the loss but he refused to sign it.

The ACU coats and sleeping bag were not depreciated as it was new when it was determined missing.

Recommended that SGT John A. Doe be held liable in the amount of \$727.95 and all others be relieved of responsibility for the lost item. SGT Doe's base pay at the time of loss was \$2, 146.00.

Exhibit A through M attached.

b. DOLLAR AMOUNT OF LOSS 36.00		c. MONTHLY BASIC PAY 0.00	d. RECOMMENDED FINANCIAL LIABILITY 36.00
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-A A Company, 234th Engineer Battalion Fort Knox, KY 40121		f. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe Joel B. 1L T	g. DSN NUMBER 315-723-6745
		h. DATE SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD) 20151030	i. DATE APPOINTED (YYYYMMDD) 20151010
		j. SIGNATURE DIGITAL SIGNATURE 123456789	k. DATE SIGNED 20151029

16. INDIVIDUAL CHARGED

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

Submit the attached statement of objection. 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> EUSA-BD-A A Company, 2nd Engineer Battalion Fort Knox, KY 40121		d. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, John A.	e. DSN NUMBER 315-985-4568
		f. SIGNATURE DIGITAL SIGNATURE 123456789	g. DATE SIGNED 20151116

17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

W6212F 5284-1010

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-PBO 1st BCT, 2nd Infantry Division Fort Knox, KY 40121		c. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, Reginald A.	d. DSN NUMBER 315-549-7135
		e. SIGNATURE DIGITAL SIGNATURE 123456789	f. DATE SIGNED 20151010

DD FORM 200 (BACK), JUL 2009

Reset

Figure 13-4. Sample of DD Form 200 when more than one item is lost, damaged or destroyed-Continued

CONTINUATION OF BLOCKS 4 - 8						Page <u>3</u> of <u>3</u> Pages
1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER				
20151001		2AWAB0-15-01				
ITEM NO.	4. NATIONAL STOCK NO. LINE ITEM NO.	5. ITEM DESCRIPTION	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
2	T71706 8465-01-033-8057	Sleeping Bag Universal Type 2	1	151.95	151.95	
3	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
4	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
5	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
6	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
7	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
8	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
9	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
10	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
11	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
12	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
13	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
14	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
15	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
16	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
17	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
<input type="button" value="New Page"/>		FOR INTERMITTENT PAGES, ENTER SUBTOTAL:			691.95	
		IF LAST PAGE, ENTER GRAND TOTAL:			727.95	

DD FORM 200, JUL 2009

Figure 13-4. Sample of DD Form 200 when more than one item is lost, damaged or destroyed-Continued

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01		3. DATE LOSS DISCOVERED (YYYYMMDD) 20150930			
4. NATIONAL STOCK NO. C10345 8415-01-519-8599	5. ITEM DESCRIPTION Coat Army Combat Uniform Large Regular <input type="button" value="Add More Items"/>		6. QUANTITY 1	7. UNIT COST 36.00	8. TOTAL COST 36.00		
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) <input type="button" value="Add Page"/>			<input checked="" type="checkbox"/> Lost	<input type="checkbox"/> Damaged	<input type="checkbox"/> Destroyed		
			<input type="checkbox"/> Organization	<input type="checkbox"/> Installation	<input type="checkbox"/> OCIE		
SGT John A. Doe was missing one each ACU coat at the shift change inventory. No coats were issued during e shift on 29-3September 2014, therefore the missing coat is lost. SGT Doe stated that someone must have stolen it during the night.							
Exhibit A through F							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) <input type="button" value="Add Page"/>							
Continue to reiterate and enforce the necessity for individuals to guard or secure equipment at all times.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A A Company, 34th Engineer Battalion Fort Knox, KY 401			b. TYPED NAME (Last, First, Middle Initial) Doe, Merlin X., SSG, Squad Leader		c. DSN NUMBER 315-123-4569		
			d. SIGNATURE DIGITAL SIGNATURE 123456789		e. DATE SIGNED 20151001		
<input type="checkbox"/> (X one)	<input checked="" type="checkbox"/>	RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)			
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. COMMENTS/RECOMMENDATIONS Request investigation to ensure all policy and procedures were followed.					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			d. TYPED NAME (Last, First, Middle Initial) Doe, John A., CPT, Commanding		e. DSN NUMBER 315-456-8132		
			f. SIGNATURE DIGITAL SIGNATURE 123456789		g. DATE SIGNED 20151115		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one)	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Recommend approval of the financial liability investigating officer's findings to hold SGT Doe financially liable for failing to properly secure Government equipment.			c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)		
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Shanna Y., LTC Commanding		f. DSN NUMBER 315-456-8132		
			g. SIGNATURE DIGITAL SIGNATURE 123456789		h. DATE SIGNED 20151115		
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one)	<input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Approved to hold SGT John A. Doe, financially liable in the amount entered in block 15d. SGT Doe's basic pay at the time of loss was \$2,146.00			c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)		
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 1st BCT, 2nd Infantry Division Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Dean S. III, COL, Commanding		f. DSN NUMBER 315-159-000		
			g. SIGNATURE DIGITAL SIGNATURE 123456789		h. DATE SIGNED 20151205		

DD FORM 200, JUL 2009

PREVIOUS EDITION IS OBSOLETE.

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Figure 13-5. Sample of DD Form 200 when added pages are used for blocks 4 through 8

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		<input type="button" value="Add Page"/>
<p>I have examined all the available evidence shown in Block 9 and exhibits A through F. I also conducted numerous additional interviews and obtained other evidence and have attached them to this investigation, exhibits G through M. The ACU coat was lost due to failure to properly secure Government property. The loss was a result of simple negligence on the part of SGT John A. Doe.</p> <p>SSG Zoe was assigned the task of outfitting the deploying forces of the 234th Infantry Battalion. His operation was set-up on the airfield. He ran a 24 hour operation with eight Soldiers, 12 hour shifts. There was an NCO assigned to each shift. SGT Doe had the night shift. There were approximately ten airfield personnel on duty at night. These airfield personnel move around freely throughout the facility.</p> <p>On the night of 29 September 2014, SGT Doe released everyone to go to chow at 2200hrs. He was the only one from the detail left on the airfield. After all had left for chow, SGT Doe went to the back room to use the computer to read and send some e-mails. He did not leave anyone to watch the supplies out on the floor. He did not have eyes on the supplies while in the back room. SGT Doe admits to staying in the room until everyone returned from chow.</p> <p>At the morning shift detail inventory, it was discovered that a large regular ACU coat was missing. None of the detail admitted to taking the ACU coat. All airfield personnel were interviewed but none admitted to knowing or seeing the thief. It was likely stolen during the time the items were unguarded, between 2200 and midnight, when SGT Doe was in the back room. The identity of the thief is still unknown. SGT Doe had supervisory responsibility for the unissued items. A Statement of Charges was offered to SGT Doe to pay for the loss but he refused to sign it.</p> <p>The ACU coat was not depreciated as it was new when it was determined missing.</p> <p>Recommended that SGT John A. Doe be held liable in the amount of \$36.00 and all others be relieved of responsibility for the lost item. SGT Doe's base pay at the time of loss was \$2,146.00.</p> <p>Exhibit A through M attached.</p>		
b. DOLLAR AMOUNT OF LOSS 36.00	c. MONTHLY BASIC PAY 0.00	d. RECOMMENDED FINANCIAL LIABILITY 36.00
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-A A Company, 234th Engineer Battalion Fort Knox, KY 40121	f. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe Joel B. 1L T h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i> 20151030 j. SIGNATURE DIGITAL SIGNATURE 123456789	g. DSN NUMBER 315-723-6745 i. DATE APPOINTED <i>(YYYYMMDD)</i> 20151010 k. DATE SIGNED 20151029
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> EUSA-BD-A A Company, 2nd Engineer Battalion Fort Knox, KY 40121	d. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, John A. f. SIGNATURE DIGITAL SIGNATURE 123456789	e. DSN NUMBER 315-985-4568 g. DATE SIGNED 20151116
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W6212F 5284-1010		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-PBO 1st BCT, 2nd Infantry Division Fort Knox, KY 40121	c. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, Reginald A. e. SIGNATURE DIGITAL SIGNATURE 123456789	d. DSN NUMBER 315-549-7135 f. DATE SIGNED 20151010
DD FORM 200 (BACK), JUL 2009		<input type="button" value="Reset"/>

Figure 13-5. Sample of DD Form 200 when added pages are used for blocks 4 through 8-Continued

CONTINUATION OF BLOCKS 4 - 8						Page <u>3</u> of <u>3</u> Pages	
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01					
ITEM NO.	4. NATIONAL STOCK NO. LINE ITEM NO.	5. ITEM DESCRIPTION	6. QUANTITY	7. UNIT COST	8. TOTAL COST		
2	T71706 8465-01-033-8057	Sleeping Bag Universal Type 2	1	151.95	151.95		
3	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
4	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
5	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
6	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
7	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
8	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
9	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
10	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
11	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
12	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
13	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
14	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
15	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
16	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
17	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00		
<input type="button" value="New Page"/>		FOR INTERMITTENT PAGES, ENTER SUBTOTAL:				691.95	
		IF LAST PAGE, ENTER GRAND TOTAL:				2,455.42	

DD FORM 200, JUL 2009

Figure 13-5. Sample of DD Form 200 when added pages are used for blocks 4 through 8-Continued

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01			3. DATE LOSS DISCOVERED (YYYYMMDD) 20150930		
4. NATIONAL STOCK NO. C32815 4230-01-349-2413	5. ITEM DESCRIPTION Component of Dividing Set Suit brv w/Inflation Hose		Add More Items	6. QUANTITY 1	7. UNIT COST 1,763.47	8. TOTAL COST 1,763.47	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) Add Page							
<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Organization <input type="checkbox"/> Damaged Installation <input type="checkbox"/> Destroyed OCIE SGT John A. Doe left his dry diving suit in the front of his car the night of 29 September 2014, which is against Brigade policy in the morning SGT Doe noticed the rear drivers window had been broken into and the diving suit was gone. A police was obtained see exhibit A.							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) Add Page							
Continue to reiterate and enforce the necessity for individuals to guard or secure equipment at all times in accordance with policy.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A A Company, 34th Engineer Battalion Fort Knox, KY 40121			b. TYPED NAME (Last, First, Middle Initial) Doe, Merlin X., SSG, Squad Leader		c. DSN NUMBER 315-123-4569		
			d. SIGNATURE DIGITAL SIGNATURE 12345678		e. DATE SIGNED 20151001		
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)							
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS Request investigation to ensure all policy and procedures were followed.					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			d. TYPED NAME (Last, First, Middle Initial) Doe, John A., CPT, Commanding		e. DSN NUMBER 315-456-8132		
			f. SIGNATURE DIGITAL SIGNATURE 12345678		g. DATE SIGNED 20151115		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Recommend approval of the financial liability investigating officer's findings to hold SGT Doe financially liable for failing to properly secure Government equipment.			c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Shanna Y., LTC Commanding		f. DSN NUMBER 315-456-8132		
			g. SIGNATURE DIGITAL SIGNATURE 12345678		h. DATE SIGNED 20151115		
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Approved to hold SGT John A. Doe, financially liable in the amount entered in block 15d. SGT Doe's basic pay at the time of loss was \$2,146.00.			c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 1st BCT, 2nd Infantry Division Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Dean S. III, COL, Commanding		f. DSN NUMBER 315-159-0001		
			g. SIGNATURE DIGITAL SIGNATURE 12345678		h. DATE SIGNED 20151205		

DD FORM 200, JUL 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 8.0

Figure 13-6. Sample of DD Form 200 when components are missing

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01		3. DATE LOSS DISCOVERED (YYYYMMDD) 20150930			
4. NATIONAL STOCK NO. C10345 8415-01-519-8599	5. ITEM DESCRIPTION Coat Army Combat Uniform Large Regular <input type="button" value="Add More Items"/>		6. QUANTITY 1	7. UNIT COST 36.00	8. TOTAL COST 36.00		
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) <input type="button" value="Add Page"/>			<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE		
SGT John A. Doe was missing 16 each ACU coat and a sleeping bag at the shift change inventory. No coats or sleeping bags were issued during the shift on 29-30 September 2014, the missing coat and sleeping bag are lost. SGT Doe stated that someone must have stolen it during the night. Exhibit A through F							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) Continue to reiterate and enforce the necessity for individuals to guard or secure equipment at all times.							<input type="button" value="Add Page"/>
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A A Company, 34th Engineer Battalion Fort Knox, KY 401			b. TYPED NAME (Last, First, Middle Initial) Doe, Merlin X., SSG, Squad Leader		c. DSN NUMBER 315-123-4569		
			d. SIGNATURE DIGITAL SIGNATURE 12345678		e. DATE SIGNED 20151001		
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)	<input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)						
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. COMMENTS/RECOMMENDATIONS Request investigation to ensure all policy and procedures were followed.						
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			d. TYPED NAME (Last, First, Middle Initial) Doe, John A., CPT, Commanding		e. DSN NUMBER 315-456-8132		
			f. SIGNATURE DIGITAL SIGNATURE 12345678		g. DATE SIGNED 20151115		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Recommend approval of the financial liability investigating officer's findings to hold SGT Doe financially liable for failing to properly secure Government equipment.				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Shanna Y., LTC Commanding		f. DSN NUMBER 315-456-8132		
			g. SIGNATURE DIGITAL SIGNATURE 12345678		h. DATE SIGNED 20151115		
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Approved to hold SGT John A. Doe, financially liable in the amount entered in block 15d. SGT Doe's basic pay at the time of loss was \$2,146.00				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 1st BCT, 2nd Infantry Division Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Dean S. III, COL, Commanding		f. DSN NUMBER 315-159-000		
			g. SIGNATURE DIGITAL SIGNATURE 12345678		h. DATE SIGNED 20151205		

DD FORM 200, JUL 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 8.0

Figure 13-7. Sample of DD Form 200 when added pages are used block 9 and 15

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		<input type="button" value="Add Page"/>
<p>I have examined all the available evidence shown in Block 9 and exhibits A through F. I also conducted numerous additional interviews and obtained other evidence and have attached them to this investigation, exhibits G through M. The ACU coats and sleeping bag were lost due to failure to properly secure Government property. The loss was a result of simple negligence on the part of SGT John A. Doe.</p> <p>SSG Zoe was assigned the task of outfitting the deploying forces of the 234th Infantry Battalion. His operation was set-up on the airfield. He ran a 24 hour operation with eight Soldiers, 12 hour shifts. There was an NCO assigned to each shift. SGT Doe had the night shift. There were approximately ten airfield personnel on duty at night. These airfield personnel move around freely throughout the facility.</p> <p>On the night of 29 September 2014, SGT Doe released everyone to go to chow at 2200hrs. He was the only one from the detail left on the airfield. After all had left for chow, SGT Doe went to the back room to use the computer to read and send some e-mails. He did not leave anyone to watch the supplies out on the floor. He did not have eyes on the supplies while in the back room. SGT Doe admits to staying in the room until everyone returned from chow.</p> <p>At the morning shift detail inventory, it was discovered that a one large regular ACU coat and one sleeping was missing. None of the detail admitted to taking the ACU coats or the sleeping bag. All airfield personnel were interviewed but none admitted to knowing or seeing the thief. It was likely stolen during the time the items were unguarded, between 2200 and midnight, when SGT Doe was in the back room. The identity of the thief is still unknown.</p> <p>SGT Doe had supervisory responsibility for the unissued items. A Statement of Charges was offered to SGT Doe to pay for the loss but he refused to sign it.</p> <p>The ACU coats and sleeping bag were not depreciated as it was new when it was determined missing. Recommended that SGT John A. Doe be held liable in the amount of \$727.95 and all others be relieved of responsibility for the lost item. SGT Doe's base pay at the time of loss was \$2, 146.00.</p> <p>Exhibit A through M attached.</p>		
b. DOLLAR AMOUNT OF LOSS 727.95	c. MONTHLY BASIC PAY 0.00	d. RECOMMENDED FINANCIAL LIABILITY 36.00
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-A A Company, 234th Engineer Battalion Fort Knox, KY 40121	f. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe Joel B. 1L T h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i> 20151030 j. SIGNATURE DIGITAL SIGNATURE 12345678	g. DSN NUMBER 315-723-6745 i. DATE APPOINTED <i>(YYYYMMDD)</i> 20151010 k. DATE SIGNED 20151029
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> EUSA-BD-A A Company, 2nd Engineer Battalion Fort Knox, KY 40121	d. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, John A. f. SIGNATURE DIGITAL SIGNATURE 12345678	e. DSN NUMBER 315-985-4568 g. DATE SIGNED 20151116
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W6212F 5284-1010		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-PBO 1st BCT, 2nd Infantry Division Fort Knox, KY 40121	c. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, Reginald A. e. SIGNATURE DIGITAL SIGNATURE 12345678	d. DSN NUMBER 315-549-7135 f. DATE SIGNED 20151010
DD FORM 200 (BACK), JUL 2009		<input type="button" value="Reset"/>

Figure 13-7. Sample of DD Form 200 when added pages are used block 9 and 15-Continued

CONTINUATION OF BLOCKS 4 - 8						Page <u>3</u> of <u>4</u> Pages
1. DATE INITIATED (YYYYMMDD) 20151001		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01				
ITEM NO.	4. NATIONAL STOCK NO. LINE ITEM NO.	5. ITEM DESCRIPTION	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
2	T71706 8465-01-033-8057	Sleeping Bag Universal Type 2	1	151.95	151.95	
3	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
4	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
5	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
6	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
7	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
8	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
9	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
10	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
11	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
12	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
13	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
14	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
15	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
16	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
17	CI0345 8415-01-519-8599	Coat Army Combat Uniform	1	36.00	36.00	
<input type="button" value="New Page"/>		FOR INTERMITTENT PAGES, ENTER SUBTOTAL:				691.95
		IF LAST PAGE, ENTER GRAND TOTAL:				727.95

DD FORM 200, JUL 2009

Figure 13-7. Sample of DD Form 200 when added pages are used block 9 and 15-Continued

CONTINUATION OF BLOCKS 9, 10, AND/OR 15.a.		Page <u>4</u> of <u>4</u> Pages
1. DATE INITIATED (YYYYMMDD) 20151001	2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-01	
Use this area to continue each item as necessary. Specify item number. Additional space provided if you run out of space in Blocks 9, 10, and 15a.		
SAMPLE		
DD FORM 200, JUL 2009		<input type="button" value="New Page"/>

Figure 13-7. Sample of DD Form 200 when added pages are used block 9 and 15-Continued

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20150929		2. INQUIRY/INVESTIGATION NUMBER 2AWAB0-15-12		3. DATE LOSS DISCOVERED (YYYYMMDD) 20150928			
4. NATIONAL STOCK NO. M79678 5855-01-423-0524	5. ITEM DESCRIPTION Night Vision Goggle AN/PVS-14 Ser# 071256		Add More Items	6. QUANTITY 1	7. UNIT COST 3,607.00	8. TOTAL COST 3,607.00	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) See AR 15-6 Investigation, Exhibit A.				Add Page	<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) See AR 15-6 Investigation, Exhibit A.							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A A Company, 34th Engineer Battalion Fort Knox, KY 40121			b. TYPED NAME (Last, First, Middle Initial) Doe, Merlin X., SSG, Squad Leader		c. DSN NUMBER 315-123-4569		
			d. SIGNATURE DIGITAL SIGNATURE 123456789		e. DATE SIGNED 20151001		
12. (X one)	<input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)	<input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. COMMENTS/RECOMMENDATIONS Request investigation to ensure all policy and procedures were followed.						
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			d. TYPED NAME (Last, First, Middle Initial) Doe, John A., CPT, Commanding		e. DSN NUMBER 315-456-8132		
			f. SIGNATURE DIGITAL SIGNATURE 123456789		g. DATE SIGNED 20151115		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Recommend approval of the financial liability investigating officer's findings to hold SGT Doe financially liable for failing to properly secure Government equipment.				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 234th Engineer Battalion Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Shanna Y., LTC Commanding		f. DSN NUMBER 315-456-8132		
			g. SIGNATURE DIGITAL SIGNATURE 123456789		h. DATE SIGNED 20151115		
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Approved to hold SGT John A. Doe, financially liable in the amount entered in block 15d. SGT Doe's basic pay at the time of loss was \$2,146.00				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EUSA-BD-A 1st BCT, 2nd Infantry Division Fort Knox, KY 40121			e. TYPED NAME (Last, First, Middle Initial) Doe, Dean S. III, COL, Commanding		f. DSN NUMBER 315-159-0001		
			g. SIGNATURE DIGITAL SIGNATURE 123456789		h. DATE SIGNED 20151205		

DD FORM 200, JUL 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 8.0

Figure 13-8. Sample of DD Form 200 when a 15-6 investigation is required

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		<input type="button" value="Add Page"/>
See AR 15-6 Investigation, Exhibit A.		
SAMPLE		
b. DOLLAR AMOUNT OF LOSS 3,607.00	c. MONTHLY BASIC PAY 2,146.00	d. RECOMMENDED FINANCIAL LIABILITY 2,146.00
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-A A Company, 234th Engineer Battalion Fort Knox, KY 40121	f. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, Joel B., 11T	g. DSN NUMBER 315-723-6745
	h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i> 20151030	i. DATE APPOINTED <i>(YYYYMMDD)</i> 20141010
	j. SIGNATURE DIGITAL SIGNATURE 123456789	k. DATE SIGNED 20151029
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> EUSA-BD-A A Company, 234th Engineer Battalion Fort Knox, KY 40121	d. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, John A.	e. DSN NUMBER 315-983-4568
	f. SIGNATURE DIGITAL SIGNATURE 123456789	g. DATE SIGNED 20151116
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD W6212F 5284-1010		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i> EUSA-BD-PBO 1st BCT, 2nd Infantry Division Fort Knox, KY 40121	c. TYPED NAME <i>(Last, First, Middle Initial)</i> Doe, Reginald A.	d. DSN NUMBER 315-549-7135
	e. SIGNATURE DIGITAL SIGNATURE 123456789	f. DATE SIGNED 20151010
DD FORM 200 (BACK), JUL 2009		<input type="button" value="Reset"/>

Figure 13–8. Sample of DD Form 200 when a 15–6 investigation is required–Continued

Winter Weather Facility Preparation Checklist

Fort Cavazos, Texas

Points of Contact
DPW Demand Maintenance Order: (254) 287-2113, or visit Army Maintenance (ArMa), www.armymaintenance.com/arma
For all emergencies (Immediate safety/Health Risk) please call: (254-287-2113)

FACILITY MANAGER (FM) Preparation before freezing temperatures		
HVAC System	Date	Remarks
Turn off the A/C		
Set thermostats on heat between 68° - 72°		
Submit DMO to repair inoperable and/or inaccessible HVAC units		
Water Pipes	Date	Remarks
Open cabinet doors under sinks/appliances to protect uninsulated pipes		
Submit DMO to insulate exposed water pipes		
Inspect exposed pipes for signs of dripping and corrosion <i>(Supply lines to toilets, sinks, dishwashers, refrigerators, ice makers, washing machines)</i>		
Submit DMO to repair dripping line and/or corrosion		
Facility Water <i>(For facilities not used during the winter months)</i>	Date	Remarks
Submit DMO to shut off water to the facility		
Open all water fixtures and flush toilets to empty the pipes		
Exterior Surfaces <i>(Walkways, entrances, stairs, etc.)</i>	Date	Remarks
Have a supply of Ice Melt available to prep exterior surfaces		
Air Leaks	Date	Remarks
Inspect for leaks that could allow cold air inside the facility <i>(Around electrical wiring, dryer vents, and pipes)</i>		
Submit DMO to caulk/insulate air leaks		

Facility Manager (FM) Response (if pipes burst or freeze)

Submit a DMO to have the water shut off to the facility	Date	Remarks
Block off exposed areas of standing water within the facility to prevent hazards. <i>(Avoid use of appliances near water to prevent electrocution).</i>		
Open faucets to affected pipes to allow them to drain <i>(Ensure that you keep track of opened faucets to avoid waste or flooding after the water is turned back on).</i>		
Use a blow dryer on affected pipes to thaw them <i>(If using a blow dryer make sure there is no standing water nearby. Aim the blow dryer at the pipe while continuously moving it back and forth).</i>		
Wrap affected pipes in heated, damp towels. <i>(If using this method, change the towels frequently to maintain the temperature).</i>		
Turn up the heat in the facility to help thaw frozen pipes		

Emergency Manager:

Phone #:

Inspection Team: