



DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND-PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON, HAWAII
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HAWAII 96857-5000

AMIM-HWP-H (400b)

MEMORANDUM FOR Military or Civilian Personnel Residing in Government Quarters on U.S. Army Garrison, Hawaii (USAG-HI) Installations

SUBJECT: Policy Memorandum USAG-HI-43, Liability for Damage to Government Quarters, Furnishings and Equipment

1. References:

- a. AR 735-5, Property Accountability Policies, 9 Nov 16.
- b. AR 420-1, Facilities Engineering, Army Facilities Management, 12 Feb 08.
- c. DoD Financial Management Regulation, Volume 7A, Chapter 52, 20 May 20.
- d. Army Barracks Management Plan (ABMP) Handbook Version 2, 12 Jan 2021.

2. Purpose. To provide operating procedures to assess liability and collect for damage to government quarters, furnishings, and equipment IAW ABMP Handbook, Version 2. Government quarters refer to Unaccompanied Personnel Housing (UPH) on-post, i.e., Bachelor Officers Quarters and enlisted barracks. (See Encl. 1 for a flow chart of the procedure.)

3. Scope. This is a punitive policy enforceable by the Uniform Code of Military Justice; it covers individual / unit liability for damage to Gov. Quarters, Furnishings & Equipment.

4. Applicability. This policy applies to all permanent party military and civilians who are residing in UPH on U.S. Army Garrison, Hawaii (USAG-HI) installations. (From this point forward, military and civilians will both be referred to as Service Member, "SM".)

5. Commander's Intent. A SM is liable to the United States government for damage to assigned government housing and related equipment and furnishings if the damage is caused by the SM's negligence or abuse. SM's are required to acknowledge and sign a Liability for Damage to Assigned Housing form (see Enclosure 2) when assigned to a room. Liability is limited to one month's basic pay unless the damage or loss was the result of the SM's gross negligence or willful misconduct, in which case the SM will be liable for the full amount of the damage or loss. Monthly payment collection is limited to two-thirds of SM's net monthly pay.

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a. The SM is negligent when proper steps are not taken to prevent or minimize careless conduct that is likely to result in damage, loss or destruction of government property.

b. Abuse refers to willful misconduct or the deliberate unauthorized use of quarters (e.g., allowing unauthorized personnel to reside in quarters).

c. The SM is not liable for damage due to fair wear and tear (as determined by a qualified technical inspector) or caused by an act of God or by the acts of persons other than SM's guests. Residents are liable for damage, loss or destruction of government property caused by themselves or their guests.

d. Government quarters, furnishings, and equipment includes but is not limited to ceilings, ceiling systems, lights, sprinkler heads, smoke detectors, fire alarms, thermostats, windows, window treatments, walls, doors, fixtures (door handles, locks, faucets, bathroom accessories, etc.), tub, toilet, sinks, built in furnishings (cabinets, cabinet hardware, countertops, etc.), all types of appliances including washers and dryers, furniture (bed, dresser, desk, table, couch, chairs, etc.), all types of floors, the building's equipment (air conditioning, electrical, plumbing and fire systems, etc.), railings, exit signs, etc. Sprinkler heads, smoke detectors and fire alarms shall not be tampered with or disabled in any manner whatsoever.

e. Depreciation is authorized in accordance with (IAW) AR 735-5, Property Accountability Policies, and used when the item is in less than new condition. The rate of depreciation is based on normal use, and may be increased or decreased based on facts showing more or less than average use.

(1) Damage to government quarters, furnishings or equipment will be investigated under the provisions of AR 735-5. All damages will be depreciated according to AR 735-5, Appendix B. Charges for any damage caused as a result of intentional acts, willful misconduct or gross negligence is unlimited and SMs will be held liable for the entire amount of the loss. Damage caused by simple negligence or carelessness will only be assessed to the limit of AR 735-5, one month's base pay.

(2) IAW AR 735-5, nonperishable items will be depreciated up to 75 percent at a rate determined by a straight-line method of depreciation. This method is based on subtracting depreciation from the standard price of a new item. For perishable items (e.g., mattresses, mattress pads, curtains), a standard depreciation of 25 percent is allowed.

f. With the exception of furnishings, SMs will have the opportunity to resolve damage, loss or destruction of government property in the following ways:

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(1) The SM can repair and/or clean assigned barracks room prior to scheduled final inspection. (See samples at Enclosure 3, the Quarters Condition Inspection Checklist and Enclosure 4, the Assignments / Terminations Inspection Standard.)

(2) The SM can waive indebtedness due process and pay for charges to make repairs, clean and/or replace furnishings and equipment through a DD-362, Statement of Charges / Cash Collection Voucher; see DD-362 at Enclosure 5, Pg. 1 of 4. If SM is separating from the Army and time does not permit the processing of a DD-362 or DD-200, Financial Liability Investigation of Property Loss (FLIPL), the unit, with SM concurrence, can complete a DD-139, Pay Adjustment Authorization; see DD-139 at Enclosure 5, Pg. 2 of 3. Using a DD-139 in lieu of DD-362 or DD-200 is not authorized as the day-to-day collection for lost or damaged furnishings.

g. If payment is disputed, the unit shall initiate a FLIPL; see DD-200 at Enclosure 5, Pgs. 3 & 4 of 4.

(1) The DPW Real Property Office (RPO) will process damage requests for the barracks facility and the Furnishings Management Office (FMO) will process damage requests to furnishings.

(2) The SM will receive an explanation from the DPW RPO or the FMO regarding the costs and the methodology for determining the costs.

(3) If the SM acknowledges liability but questions the costs and/or methodology for determining the cost, their case will be referred to the appropriate DPW division chief for review.

(4) If the situation cannot be rectified, the completed DD-200 will be submitted to the Logistics Readiness Center (LRC) for assessment of financial liability or relief from responsibility.

6. Duties, Responsibilities and Procedural Steps (i.e., through DPW FMO for damage to furnishings as below) (see Pay Adjustment Authorization Process at Enclosure 1). The duties, responsibilities and procedural steps through DPW RPO are similar except that the Planning Division Chief will provide an accounting officer for all financial liability assessments of damage to the barracks facility. Additionally, DD-362 or FLIPL must be submitted with a Facility Engineer Work Request (FEWR) to DPW Work Management before facility repairs are initiated; facility repairs will be accomplished by either the SM or the unit (permission only FEWR) (use unit control number and unit Line of Accounting (LOA) on DD-362) or DPW (use DPW control number and DPW LOA on DD-362). Replace FMO with RPO below (in all paragraph 6 subparagraphs) when assessing damage to the barracks facility.

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a. The USAG-HI Commander's representative, the Housing Division Chief, will provide an accounting officer for all financial liability assessments of damage to furnishings.

b. Commanders, First Sergeants, UPH management, FMO /or the unit representative will inspect the SM's assigned room for damage to furnishings upon arrival, periodically during his/her tour and prior to departure IAW the ABMP Handbook (see samples at Enclosures 3 & 4).

c. When the SM acknowledges liability, opportunities to resolve issues are exhausted, and due process for indebtedness is waived, the unit will initiate a DD-362.

(1) The SM will take the DD-362 to FMO for processing. Processing typically includes assessment of damage, calculation of the total repair costs and FMO input on the form (e.g. control number, total repair costs, comments and recommendations and signature as applicable). The SM signs the processed form. FMO keeps a copy and gives the original to the SM.

(2) The SM will then take the DD-362 to the 125th Financial Management Support Unit (Finance) for processing. Finance will review and annotate the line of accounting on the DD-362, process it through the payroll system and give a copy of it to the SM after it is stamped completed.

(3) The SM will return the DD-362 to FMO who will validate that it is completed. FMO will close the action, keep a copy of the form for their records, forward a copy of the form to the unit representative and coordinate change out of the damaged furnishings with the unit representative.

(4) If the SM is vacating the room, the SM will return to the unit. The unit representative will stamp the SM's clearing records upon receipt of a completed DD-362.

d. When the SM does not admit to liability or the loss/destruction was the result of fire, theft or natural disaster or the value of the admitted loss exceeds the SM's monthly base pay, the unit will initiate a FLIPL.

(1) The unit representative will forward the FLIPL to FMO for processing. FMO will forward the original processed FLIPL and two copies plus any exhibits to LRC for assessment of financial liability or relief from responsibility

(2) Upon completion of the investigation, the investigating officer will forward his findings to the Judge Advocate General (JAG) for review and then to the Approving Authority to adjudicate either financial responsibility or relief from responsibility. The adjudication process will take up to 20 days at a maximum. Once completed and if the

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SM is found liable, the SM will be notified and applicable documents will be routed to Finance for processing.

(3) When processing is completed, see 6.c.(3) and (4); replace DD-362 with FLIPL.

e. When the SM's liability cannot be determined for damage to government furnishings and equipment (e.g. in common areas), then the unit(s) will be financially responsible for repairs in proportion to their occupancy rate in the barracks.

7. Effective immediately, all military or civilian personnel residing in UPH on U.S. Army Garrison, Hawaii (USAG-HI) installations will follow the procedures specified in this policy. This policy supersedes Standard Operating Procedure # A-420.1.1, Liability for Damage to Government Quarters, Furnishings and Equipment, dated 1 Aug 2010, and remains in effect until rescinded or superseded in writing.

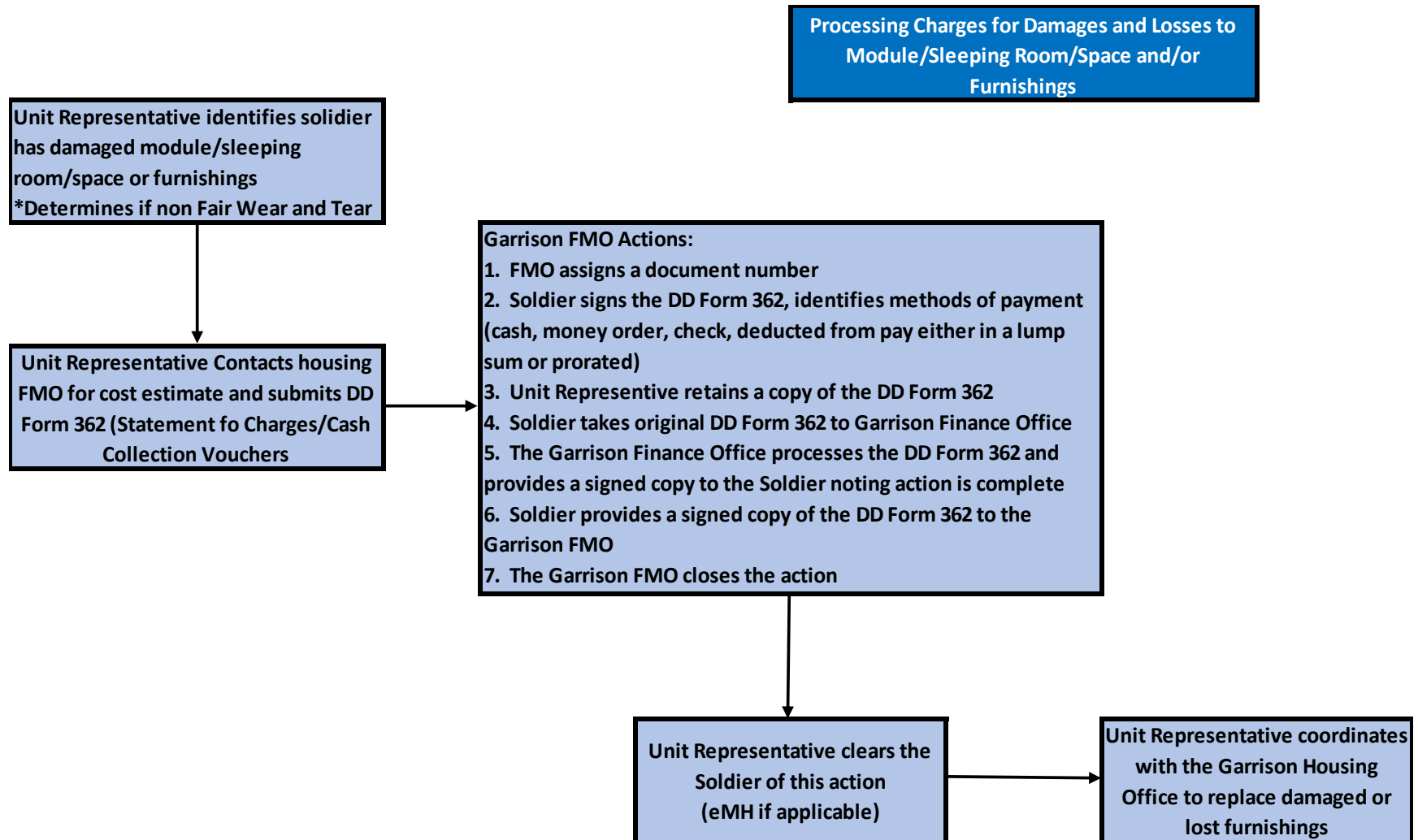
8. Point of Contact for this Policy is the Chief, Housing Division, DPW, at 655-7396.

5 Encls:

- | | |
|--|---------------------|
| 1. Pay Adjustment Auth. Process | STEVEN B. McGUNEGLE |
| 2. Liability for Damage to Asgnd. Housing | COL, AR |
| 3. Quarters Condition Inspection Checklist | COMMANDING |
| 4. Assignments / Terminations Inspection Standard | |
| 5. DD Form 362 (DD-362), Statement of Charges / Cash Collection Voucher | |
| DD Form 139 (DD-139), Pay Adjustment Authorization and | |
| DD Form 200 (DD-200), Financial Liability Investigation of Property Loss (FLIPL) | |

DISTRIBUTION:
Electronic Media

PAY ADJUSTMENT AUTHORIZATION PROCESS



Enclosure 2

SAMPLE LIABILITY FOR DAMAGE TO ASSIGNED HOUSING

1. Public law makes military residents of Government quarters legally responsible for damage to the units, or for damage or loss of Government-owned appliances and furniture. Damages include lack of cleaning or failure to clean when resident clears/moves out of assigned room. This notice explains the rules, which apply to unaccompanied personnel housing. Please read carefully and keep a copy for your records.

a. You could be held peculiarly liable when your Government quarters are damaged and/or appliances or furnishings are lost, damaged or destroyed as a result of your negligence or abuse. You are negligent if you act carelessly, or your guests act carelessly and you do not take proper steps to prevent or minimize such conduct. Abuse means either willful misconduct or the deliberate unauthorized use of quarters to include conducting an unauthorized business in the unit. Barracks rooms that do not pass final inspection due to room cleanliness issues, will have a flat rate of \$250.00 assessed to the occupant via DD-139, Pay Adjustment Authorization, to bring the room back to standard and have it ready for the next occupant.

b. The Army has limited your liability to an amount equal to one month's basic pay, unless the damage or loss is caused by your gross negligence or willful misconduct; in such a case, you are liable for the full amount of the damage or loss, which could amount to thousands of dollars. You are grossly negligent if you act in a reckless or willful manner, or if you are aware that your guests are likely to act recklessly and you do not take proper steps to prevent or minimize such conduct. In other words, if you know that damage is likely to result from the willful misconduct or reckless behavior of guests and despite such knowledge you fail to exercise available opportunities to prevent or limit the damage, you are grossly negligent and will be charged for the full amount of the loss.

c. You are not liable for damage due to fair wear and tear, or damage caused by an act of God or by the acts of persons other than your guests.

d. Special rules for quarters-related reports of survey permit commanders to waive claims damage or loss when the waiver is found to be in the best interests of the United States. This waiver authority is similar to forgiveness of the debt. If you request a waiver and fail to get it, you can appeal the matter through Command channels. If unsuccessful, you can seek redress through the Army Board for Correction of Military Records.

2. The purpose of the quarters' liability law is to set limits for your liability and to waive claims in appropriate circumstances. The liability created by the law makes the question of insurance very important. However, only you can decide whether the potential risk of loss warrants the purchase of insurance. The Army does not require insurance nor does it endorse any specific carrier but you may want to consider purchasing renter's insurance for your own protection and peace of mind.

3. The parties assigned to each living area are BOTH responsible for damages or destruction to the appliances and government-owned furniture located in the common areas. Both individuals will be held liable for equal shares for any damage and for the repair or replacement of any government property. Single occupants of 2+1 or 2+2 configured rooms will be responsible for the complete room inventory.

I have read and understand the policy contained herein.

SERVICE MEMBER NAME

BLDG/RM #

SERVICE MEMBER SIGNATURE

DATE

SOLDIER'S NAME: _____ RANK: _____ UNIT: _____

ASSIGNMENT OR TERMINATION (CIRCE ONE) BLDG: _____ ROOM #: _____

SAMPLE QUARTERS CONDITION INSPECTION CHECKLIST

ITEMS INSPECTED						
		New	Good	Fair	N/A	DEFICIENCIES (MISSING, POOR, OTHER)
K I T C H E N	MAIN DOOR / LOCK OPERATION	0	0	0	0	
	CEILING AND WALLS	0	0	0	0	
	FLOOR	0	0	0	0	
	LIGHT FIXTURES / SWITCHES / OUTLETS	0	0	0	0	
	CABINETS AND COUNTERTOP	0	0	0	0	
	SINK AND GARBAGE DISPOSAL	0	0	0	0	
	STOVE / MICROWAVE	0	0	0	0	
	REFRIDGERATOR	0	0	0	0	
	VENTILATION / EXHAUST FANS	0	0	0	0	
	TABLE W/2 CHAIRS	0	0	0	0	
B A T H	CEILING AND WALLS	0	0	0	0	
	DOOR / FLOOR / TRIM	0	0	0	0	
	EXHAUST FAN	0	0	0	0	
	HARDWARE (TOWEL BAR, TOILET PAPER HOLDER, ETC.)	0	0	0	0	
	SHOWER / TUB / SINK / COMMODE	0	0	0	0	
	VANITY / CABINET / MIRROR(S)	0	0	0	0	
	LIGHT FIXTURES / SWITCHES / OUTLETS	0	0	0	0	
B E D R O O M	CEILING AND WALLS	0	0	0	0	
	DOORS / FLOOR / TRIM	0	0	0	0	
	WINDOW / SCREENS / CURTAINS/BLINDS	0	0	0	0	
	CLOSET	0	0	0	0	
	LIGHT FIXTURES / SWITCHES / OUTLETS	0	0	0	0	
	CEILING FANS	0	0	0	0	
	BED / UNDERBED DRAWERS	0	0	0	0	
	CHEST, 3-DRAWER/DRESSER/MIRROR	0	0	0	0	
	MATTRESS	0	0	0	0	
	DESK / DROPLID / CHAIR	0	0	0	0	
	NIGHT STAND / END TABLE	0	0	0	0	
	TV STAND / ARMOIRE	0	0	0	0	
	SOFA / LOUNGE CHAIR	0	0	0	0	
	TABLE W/2 CHAIRS	0	0	0	0	
	LAMP / TRASH CAN	0	0	0	0	
SMOKE DETECTOR	0	0	0	0		
OCCUPANT NAME		INSPECTION DATE			INSPECTOR NAME	
Sign:					Sign:	
Print:					Print:	

SAMPLE ASSIGNMENTS / TERMINATIONS INSPECTION STANDARD
(without roommate)

The following areas will be inspected for assignments and terminations by the 1SG, Platoon Sergeant, or Squad Leader. Rooms will not be cleared or assigned if the standards are not met. All inspections are to be validated by the Company 1SG.

1. Ensure that all trash is removed from the room. Trash cans must be clean* inside and outside.
2. Ensure that drawers to all furniture and/or cabinets are wiped clean* & completely empty.
3. Ensure that all hangers are removed from the closets or wall lockers.
4. Ensure that the room is swept properly (under beds, under furniture, in closets, behind refrigerator, etc.)
5. Ensure that the room is mopped properly (under beds, under furniture, in closets, behind refrigerator, etc.).
6. Ensure that the refrigerator is empty, cleaned* inside and outside (with no spilled food or fingerprints) and defrosted (leave plugged in).
7. Ensure that the microwave is clean* (inside and outside) with no grease or food splatters. All kitchen tops must be cleaned* using a ceramic cleaner (no black burn marks visible).
8. Ensure that the sink area is properly cleaned* and disinfected.
9. Ensure that the toilet and restroom area is properly cleaned* and disinfected (to include tile walls). Mirrors must be clean* and spot free.
10. Ensure that the shower or tub is properly cleaned* (to include tile walls).
11. Ensure that the lights and trim boards are cleaned*.
12. Ensure that window, blinds and window sills are clean*.
13. Ensure that all furniture is wiped off. Any wax, glue or other residue must be removed.
14. Ensure that the AC vents and filter are dusted and cleaned* and turned off.
15. Ensure that the rug, if applicable, is vacuumed and spot free.
16. Provide turn off notice for cable/phone service. Excessively long cable lines need to be removed from the room.
17. Turn in or Issue key(s).

(*Clean(ed): free from dirt, stain, or Impurities: unsoiled. Free from foreign matter.)

Failure to meet the above requirements will require a re-inspection and will delay your clearing process. Soldiers that are not leaving post the day they clear and need a place to stay should contact their Command Team for a Transient room.

**SAMPLE ASSIGNMENTS / TERMINATIONS INSPECTION STANDARD
(with roommate)**

The following areas will be inspected for assignments and terminations by the 1SG, Platoon Sergeant, or Squad Leader. Rooms will not be cleared or assigned if the standards are not met. All inspections are to be validated by the Company 1SG.

1. Ensure that all trash is removed from your side of the room.
2. Ensure that the drawers to your furniture and/or cabinets are wiped clean* & completely empty.
3. Ensure that all hangers are removed from your closets or wall-lockers.
4. Ensure that your side of the room is swept properly (under beds, under furniture, in closets, behind refrigerator, etc.).
5. Ensure that your side of the room is mopped property (under beds, under furniture, in closets, behind refrigerator, etc.).
6. Ensure that your items are removed and the refrigerator is clean* inside and outside.
7. Ensure that the microwave is clean* inside and outside (with no grease or food splatters). All kitchen tops must be cleaned* using a ceramic cleaner (no black burn marks visible).
8. Ensure that the sink area is properly cleaned* and disinfected.
9. Ensure that your toilet items are picked up and area is properly cleaned* and disinfected (to include tile walls).
10. Ensure that the lights and trim boards are cleaned*.
11. Ensure that your furniture is wiped off. Any wax, glue or other residue must be removed.
12. Ensure that windows, blinds, and window sills are clean*.
13. Ensure that the AC vents and filter are dusted and cleaned*.
14. Ensure that the rug, if applicable, is vacuumed and spot free.
15. Provide proof of non-liability for cable/phone service. Excessively long cable lines need to be removed from the room.
16. Turn in or Issue key(s).

(*Clean(ed): free from dirt, stain, or Impurities: unsoiled. Free from foreign matter.)

Failure to meet the above requirements will require a re-inspection and will delay your clearing process. Soldiers that are not leaving post the day they clear and need a place to stay should contact their Command Team for a Transient room.

DD FORM 362, STATEMENT OF CHARGES/CASH COLLECTION VOUCHER

STATEMENT OF CHARGES/CASH COLLECTION VOUCHER					1. DATE
					2. DOCUMENT/VOUCHER NUMBER
3. ORGANIZATION			4. STATION		
5. DISBURSING OFFICE COLLECTION VOUCHER NUMBER		6. DISBURSING STATION SYMBOL NUMBER		7. ACCOUNTING CLASSIFICATION	
STOCK NUMBER a.	ITEM DESCRIPTION b.		QTY c.	UNIT PRICE d.	TOTAL COST e.
					0
					0
					0
					0
					0
					0
					0
8. TYPE OR ACTION <i>(Select one)</i>					
a. PAYROLL DEDUCTION		b. CASH COLLECTION		c. GRAND TOTAL \$0.00	
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 <i>(LAST, First, Middle Initial)</i>		g. CAUSE FOR CHARGE	h. SIGNATURE	i. AMOUNT
	f. SOCIAL SECURITY NUMBER				
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.		
			<input type="checkbox"/> a. Entered on the appropriate pay record or payroll, or DD Form 139 has been prepared and forwarded for collection.		
			<input type="checkbox"/> b. Remitted through cash collection.		
a. DATE	b. SIGNATURE BLOCK/SIGNATURE		c. DATE	d. SIGNATURE BLOCK/SIGNATURE	

DD FORM 139, PAY ADJUSTMENT AUTHORIZATION

PAY ADJUSTMENT AUTHORIZATION			NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.					
MEMBER (Last name) (First) (Middle)			SSAN	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE		
PAY GRADE NO.	LAST PAY RECORD EXAMINED	AMOUNT	APPROPRIATION DATA Company Code:					
FROM Directorate of Public Works, Housing Division IMPC-HI-PWH), 215 Duck Road, Schofield Barracks, HI 96857-5000			NAME OF ACCOUNTABLE D.O.					
			SYMBOL NO.	G.A.O. EXCEPTION CODE CNTRL#				
(Include ZIP Code)					YOU ARE HEREBY AUTHORIZED TO			
TO Commander 125th Financial Management Company ATTN: Debt Management Section Schofield Barracks, HI 96857					<input type="checkbox"/> CHARGE <input type="checkbox"/> CREDIT			
					THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE			
EXPLANATION AND/OR REASON FOR ADJUSTMENT								
BARRACKS BLDG _____ ROOM _____								
CLEANING: \$ _____ FURNITURE: \$ _____ KEYS/DAMAGE: \$ _____ TOTAL CHARGES: \$ _____								
*This is a 10 U.S.C. 2775 Recovery.								
I HAVE REVIEWED THE ABOVE CHARGES AND AGREE/DISAGREE WITH THESE CHARGES, I UNDERSTAND THAT IF I DISAGREE, I WILL REQUEST A FINANCIAL LIABILITY INVESTIGATION THROUGH MY UNIT FOR CHARGES.								
*BARRACKS INSPECTION/REPAIR FORMS ARE ATTACHED X _____ (RESIDENT SIGNATURE)								
STATUS: ETS / PCS / DEPLOYMENT / AWOL / MOVE OUT								
MANAGER (PRINT & SIGN): X _____ X _____								
INSPECTOR/CLERK (PRINT & SIGN): X _____ X _____								
UNIT REPRESENTATIVE (PRINT & SIGN): X _____ X _____								
Signed Original to Finance & 1 Copy Ea. to Directorate Resource Management, ABMP Barracks Room Folder, Resident & Unit								
The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment.								
FROM Directorate of Public Works, Housing Division (IMPC-HI-PWH), 215 Duck Road, Schofield Barracks, HI			CERTIFYING OFFICER (Name, rank/grade, and signature)					
C E R T I F I C A T E	I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)							
	TO Commander 125th Financial Management Company ATTN: Debt Management Section Schofield Barracks, HI 96857					TYPED NAME AND GRADE OF D.O.		
						D.O. SYMBOL NO.		DATE
						SIGNATURE		

DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER			3. DATE LOSS DISCOVERED (YYYYMMDD)		
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION			6. QUANTITY	7. UNIT COST	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) <i>(Attach additional pages as necessary)</i>				<input 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)							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)			b. TYPED NAME (Last, First, Middle Initial)			c. DSN NUMBER	
			d. SIGNATURE			e. DATE SIGNED	
12. (X one)		RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)			
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)			d. TYPED NAME (Last, First, Middle Initial)			e. DSN NUMBER	
			f. SIGNATURE			g. DATE SIGNED	
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE				c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)			e. TYPED NAME (Last, First, Middle Initial)			f. DSN NUMBER	
			g. SIGNATURE			h. DATE SIGNED	
14. APPROVING AUTHORITY							
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE				c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)			e. TYPED NAME (Last, First, Middle Initial)			f. DSN NUMBER	
			g. SIGNATURE			h. DATE SIGNED	

DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

15. FINANCIAL LIABILITY OFFICER		
a. FINDINGS AND RECOMMENDATIONS <i>(Attach additional pages as necessary)</i>		
b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED
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 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>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED
17. ACCOUNTABLE OFFICER		
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD		
b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED