

DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

REPORT OF ABANDONMENT/DESTRUCTION PERSONAL PROPERTY

1. DATE	2. REPORT NUMBER	3. UNIT NAME	4. ATU	5. OPFAC
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6. REQUEST FOR ABANDONMENT/DESTRUCTION

(a) ITEM	(b) TAG NUMBER	(c) MAJOR CATEGORY	(d) MINOR CATEGORY	(e) SERIAL NUMBER	(f) DESCRIPTION	(g) DISPOSAL ACTION	(h) ACQUISITION COST	(i) FSC CODE

7. REASON(S) FOR ABANDONMENT/DESTRUCTION

(a) The property listed above was destroyed based on any of the following reasons:

- The property has no commercial value.
- The estimated cost of continued care and handling would exceed the estimated proceeds from its sale.
- Donation of the property is not feasible.
- End of service life due to fair wear and tear.
- Beyond economical repair (65% of acquisition price) due to fair wear and tear.
- Other: _____
- The transportation of this item to a qualified recycling program (QRP) activity or the closest DLA Disposition Services is cost prohibitive.

(b) Other Information:

This item is not historical personal property and has not been classified as an object or structure by the National Historical Preservation Act (NHPA) and the National Environmental Policy Act (NEPA).

This item IS classified as hazardous material (All items containing hazardous material (copier, refers, freezers, items containing asbestos, air conditioners, computers, etc.) must obtain signature of appropriate officer (see below)).

I certify that disposal of the item would not constitute a threat or endangerment to public safety and all hazardous material has been removed.	HAZMAT OFFICER Signature	Date
I certify that copier drum or hard disk recording surface has been destroyed by using a degausser, power sander, emery wheel or other abrasive device.	SECURITY OFFICER Signature	Date
8. Name of Property Custodian	Signature	Date
9. Name of Accountable Property Officer (APO)	Signature	Date

10. REVIEW AND APPROVAL OF ABANDONMENT/DESTRUCTION

(a) COMMANDING OFFICER	OFFICER-IN-CHARGE	UNIT LEVEL SUPERVISOR	Approved	Disapproved
Name	Title/Position		Signature	Date
(b) REGIONAL MANAGERS (specify)	N/A		Approved	Disapproved
Name	Title/Position		Signature	Date
(c) PROGRAM (if appropriate) (specify)	N/A		Approved	Disapproved
Name	Title/Position		Signature	Date
(d) FINAL AUTHORITY (specify)	CO/OINC/UNIT LEVEL SUPERVISOR is Final Authority		Approved	Disapproved
Name	Title/Position		Signature	Date

11. Other Instructions	12. Recipient
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