



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

NO 4-2.22

Revised issue 10/99

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BY Betty Vaughn

EFFECTIVE 7/94

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

SURPLUS PROPERTY

  
Rudy G. Lopez, Director

### I. PURPOSE

- A. To inform staff of County policy for disposing of unused or replaced furniture and equipment.
- B. To prevent the build-up of stored surplus equipment in office or conference rooms.
- C. To recycle furniture and equipment when possible.

### II. POLICY

When turning in surplus property, a Surplus Property Notification Form (Attachment 1) must be completed and submitted to the Property Management Unit of Administrative Services.

### III. PROCEDURES

- A. When furniture and/or equipment is not in use or going to be replaced, a Surplus Property Notification Form, signed by the proper authority, listing the surplus material, its location, two contact persons and their phone numbers, and the condition of the equipment must be submitted to Property Management. Please note if the item can be repaired, reused as is, or is unusable. If the equipment has a County I.D. number, list the ID# next to the item description. Property Management must receive this memo one-month prior to expected removal date.
- B. Property Management will issue a memo within five working days to all Program Managers listing all useable surplus equipment. Program Managers will have 7 days from the date of that memo to notify Property Management of any items they would like transferred to their programs. Decisions will be based upon program need.
- C. Property Management will coordinate the relocation and appropriate paperwork of all items via the Stores Specialist or Facilities Management.
- D. After twelve days from the date the original memo was received, all unclaimed equipment will be listed on a Surplus Memo or 5900 Form by Property Management.

- E. All unusable equipment will be sent to Central Stores Surplus Unit with the Surplus Memo or completed Property Transfer Form (5900 Form) if needed.
- F. 5900 Forms received at Central Stores with accountable equipment will be logged and given a control number. Copies are then distributed to the Auditor Controller (so property can be removed from the fixed asset inventory list), Central Services, Purchasing, and the originating department.
- G. When the completed Department copy of the 5900 Form is returned, it will be filed and checked against the next quarterly fixed asset inventory list to insure items have been removed from the listing.

**SURPLUS PROPERTY NOTIFICATION FORM**  
**DEPARTMENT OF BEHAVIORAL HEALTH**



**DATE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**TO: PROPERTY MANAGEMENT**

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**SUBJECT: SURPLUS EQUIPMENT**

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I am requesting the following list of equipment to be considered surplus and picked up from the indicated locations.

Address: \_\_\_\_\_

Thank you.

This item can be: CHECK ONE

| ITEM DESCRIPTION AND ID # | BLDG/ROOM # | CONTACT PERSON | REPAIRED | REUSED | UNUSABLE |
|---------------------------|-------------|----------------|----------|--------|----------|
|                           |             |                |          |        |          |
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|                           |             |                |          |        |          |
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\_\_\_\_\_  
Requestor's signature