



**REPORTS OF SURVEY FOR AIR FORCE  
PROPERTY**

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OPR: 6 SUPS/LGSPF  
(Major Andrew R. Lesnick)

Certified by: 6 ARW/CC (Col Diehl)

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to AFMAN 23-220

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**AFMAN 23-220, 1 July 1996, is supplemented as follows:**

1.5. The 6th Air Refueling Wing (6 ARW) will process Reports of Survey involving loss/damage/destruction of property by United States Special Operations Command (USSOCOM) personnel and United States Central Command (USCENTCOM) personnel when property is under accountability of FE4814, FB4814, or other 6 ARW agencies. Property under accountability of FE4900 or FB4900, Joint Communications Support Element (JCSE), will be processed by JCSE.

4.1.1. The term “commander” as used in this supplement includes squadron, group, and flight commanders, staff agency chiefs, and joint staff directors of USSOCOM and USCENTCOM.

4.1.3.1. (Added) The squadron commander/staff agency chief, etc., will ensure accomplishment of the tasks described in Section I, Part I; Section II, Part III; and Section III, Part II, of the checklist for Processing Reports of Survey (**Attachment 7**). Initialing in the “Prep Initials” column of the checklist will signify completion of the tasks.

4.1.3.2. (Added) The unit initial investigating official will accomplish the tasks described in section I, Part II; Section II, Parts I and II; Section III, Part I; and Section IV, Checklist for Processing of Reports of Survey.

4.1.3.3. (Added) The checklist for Processing Reports of Survey will be followed to ensure all required information is provided. All personnel involved in initiating and processing the Report of Survey will initial the appropriate item on the checklist, signifying completion of that item.

4.1.3.4. (Added) Each squadron or similar commander will appoint an investigating official who will determine the facts in the case.

4.1.3.5. (Added) The initial investigating official will assemble the Report of Survey with all required and optional exhibits attached (three copies) and paper-clip it to the inner right side of a letter-size file folder. The checklist for processing Reports of Survey will be paper-clipped to the inner left side of the folder.

4.1.3.6. (Added) An AF Form 1768, **Staff Summary Sheet**, will be attached to the front of the letter-size folder. The Staff Summary Sheet will have the commander's recommendations concerning financial liability of the person(s) responsible.

4.1.3.7. (Added) The Report of Survey package will be routed through the appropriate deputy commander, director, or group commander to the Report of Survey Program Manager, 6th Supply Squadron, Funds Management Section (6 SUPS/LGSPF), for action and final processing.

4.1.12. (Added) Accountable Officers are as follows:

4.1.12.1. (Added) Supply and equipment items and totally destroyed vehicles (from FB4814, FE4814 accounts), Commander, 6th Supply Squadron (6 SUPS/CC).

4.1.12.2. (Added) Fuels, cryogenic products (liquid nitrogen/liquid oxygen), and missile propellants (FP4814 account), Fuels Management Officer (6 SUPS/LGSF).

4.1.12.3. (Added) Small computer equipment, Commander, 6th Communications Squadron.

5.2. Letters of Lateness must be provided by the Unit Commander explaining reasons Report of Survey was not prepared and submitted within 30 days after discovery or loss/damage/destruction.

8.2.1. The 6th Logistics Group Commander (6 LG/CC) is designated as the approving authority and the 6th Logistics Support Squadron Commander (6 LSS/CC) is designated the appointing authority.

11.2. The 6 SUP/LGSPF is designated as office of primary responsibility for the Report of Survey Program Manager.

11.4.12. Report of Survey numbers will be assigned by the Report of Survey Program Manager. The first two digits will be the last two digits of the fiscal year, and the last three digits will be serially numbered starting with 001, i.e., 97-001, 97-002, etc.

11.8. Commanders will verify member's date of separation and/or any information concerning courts-martial, boards, or projected Permanent Change of Station (PCS). Projected PCS data will include date, location, organization, etc. This information will be included on DD Form 200, Financial Liability Investigation of Property Loss, in Block 9.

**Attachment 7**

**PROCESSING REPORTS OF SURVEY**

MacDill AFB FL

6 ARW

REFER TO DOD 7200. 10M AND AFMAN 23-220

THIS CHECKLIST IS A PART OF AND WILL BE FILED WITH COMPLETED REPORTS OF SURVEY (ROS).

**PURPOSE**

THIS CHECKLIST IS PROVIDED TO ASSIST ORGANIZATIONS IN PROPERLY COMPLETING DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS, AND SUPPORTING DOCUMENTS. CLOSE ADHERENCE TO THE GUIDANCE PROVIDED IN THIS CHECKLIST WILL FACILITATE PROCESSING OF THE ROS, SAVE TIME AND MAN-HOURS, AND ENSURE LOSS/DAMAGE/DESTRUCTION OF PROPERTY IS ADEQUATELY DOCUMENTED AND INVESTIGATED.

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## SECTION I

**RESPONSIBILITIES OF UNIT COMMANDERS**

Appoints unit initial investigating official who must be an officer, noncommissioned officer (NCO) (E-7 or above), or civilian GS-7 or above, and must not be the property custodian or person responsible for the property lost/ damaged/destroyed.

**PART I**

INITIAL INVESTIGATOR'S COMPLETION OF DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS INQUIRY/INVESTIGATION NUMBER – Enter ROS number as assigned by 6 SUPS/LGSPF.

DATE – Enter the date the ROS is initiated.

NATIONAL STOCK NUMBER – Enter the stock number(s) of the item(s) in numerical sequence. If the item(s) is/are nonstandard, enter “nonstandard” or “NSI.” If there is no stock number or part number, enter “N/A.” Stock numbers, etc., may be obtained from the Custodian Authorization/Custody Receipt Listing (CA/CRL) or the Equipment Management Element, 6 SUPS/LGSPOE.

ITEM DESCRIPTION – Enter the correct nomenclature of the item (s). If the item (s) is/are nonstandard, give an accurate description. If only a portion of an end item is damaged, describe the end item fully, and then describe the damages. Include enough information to permit inventory adjustment without research (i.e., if the item is equipment, list the custodian account number and item detail). If additional space is required, use bond paper as a continuation sheet.

QUANTITY – Enter the number of units and unit of issue (i.e., 1 ea, 2 dz, 3 pr) using standard unit of issue. Units of measurement/issue may be obtained from the CA/CRL or 6 SUPS/LGSPOE.

UNIT COST – Enter the actual unit cost or standard price (replacement cost) shown on the CA/CRL or other supply record. Cost data may be obtained from the CA/CRL or 6 SUPS/LGSPOE.

TOTAL COST – Enter the total cost of all units of each item listed. Amount obtained by multiplying quantity (item 6) by unit cost (item 7). Actual damages to a vehicle obtained from AF Form 20, **Repair Cost and Repairable Value Statement**, issued from Vehicle Maintenance. If the item is equipment and you are recommending liability, include the depreciated amount.

**ACTION**

ACTUAL LOSS OR DAMAGE - Enter actual dollar loss to the Air Force, i.e., total cost of all unit's loss less depreciation, total cost of all units destroyed beyond economical repair less depreciation and salvage value, and actual cost of repairs for articles damaged. Cost of repairs may be obtained from the 6th Contracting Squadron if the item is repaired by contract, from the 6th Transportation Squadron (6 TRNS) for damage to vehicles; or from local shops if the item is repaired organically. Depreciation factors and salvage value may be acquired from local sources or AFI 51-501 and AFI 51-502. SEE SECTION II, PART 1, ITEM 2, FOR EXHIBIT THAT MUST BE ATTACHED.

CIRCUMSTANCES UNDER WHICH PROPERTY WAS LOST/DAMAGED/DESTROYED – Enter brief, but complete statement of the facts, including the date and place of the incident. Include name, grade/rank, social security number, and office symbol of the responsible individual and if other persons are directly concerned. The statement MUST answer the five basic questions of who, what, when, where, and how. STATEMENT MUST BE COMPLETE AND CONCISE. The organization account number of the property lost/damaged/destroyed MUST be included. A recommendation of negligence/non-negligence and amount of financial liability will be included as the last paragraph in Block 9. SEE SECTION II OF THIS CHECKLIST FOR EXHIBITS TO BE PREPARED AND ATTACHED TO THE ROS.

STATEMENT OF CORRECTIVE ACTION – If investigations reveal deficiencies, procedures control, etc., a statement of corrective action is required to document the action that was taken or will be taken to prevent recurrences.

TYPED NAME OF INDIVIDUAL COMPLETING BLOCKS 1 THRU 10 – Include the initial investigator's rank in Block 11b.

TYPED NAME AND GRADE OF ACCOUNTABLE OFFICER – (Block 17c) For CA/CRL supply and DIFM items, enter name and grade of Chief of Supply. For vehicles, enter name, grade, etc., of unit Vehicle Control Officer/NCO. For facilities (buildings, family housing units, etc.), enter name, grade, etc., of Base Civil Engineer. For Fuels, POL items enter name, grade, etc. For Small Computer Equipment, enter Base Equipment Control Officer's name, grade, etc. For medical supplies, enter Medical Supply Officer name, grade, etc. For munitions type assets, enter name and grade of Munitions Accountable Officer. For Defense Accounting Officer, enter name, grade, etc.

SIGNATURE – Obtain signature of accountable officer.

ORGANIZATIONAL ADDRESS OF ACCOUNTABLE OFFICER – Enter unit designation, office symbol, base, state, and zip code in Block 17b of DD Form 200.

TYPED NAME, GRADE OF RESPONSIBLE OFFICER – Enter name and grade of applicable organizational commander or staff agency chief. USSOCOM and USCENTCOM enter joint staff director or applicable commandant.

ORGANIZATIONAL ADDRESS OF RESPONSIBLE OFFICER – Enter unit designation, office symbol, base, state, and zip code of the person whose name appears in Block 12d. Blocks 13 & 14 (Appointing/Approving Authority are left blank).

## SECTION II

### COMPLETION OF EXHIBITS

**NOTE:** SIGNED STATEMENTS WILL IDENTIFY THE INDIVIDUAL BY NAME, GRADE OR RANK, DUTY TITLE, SOCIAL SECURITY NUMBER, AND DATED. IN ACCORDANCE WITH AFI 37-132. A PRIVACY ACT STATEMENT WILL BE PROVIDED TO THE INDIVIDUAL MAKING THE STATEMENT. ALL STATEMENTS MUST BE TYPED.

**NOTE:** EXHIBITS WILL BE MARKED AND TABBED IN ALPHABETICAL SEQUENCE AND EACH PAGE WILL BE MARKED AS FOLLOWS:

“EXHIBIT \_\_\_\_\_ ROS \_\_\_\_\_”

### ACTION

#### PART 1

EXHIBITS THAT MUST BE COMPLETED AND ATTACHED TO THE ROS BY UNIT INITIAL INVESTIGATING OFFICIAL

REPAIR COSTS (FOR DAMAGED/DESTROYED PROPERTY) – Attach AF Form 20, **Repair Cost and Repairable Value Statement**; DD Form 1155, **Order for Supplies or Services**; or other documentation to support the cost of repairs.

AMOUNT OF FINANCIAL LIABILITY – Compute amount of financial liability as follows (use straight-line depreciation):

- 1. Lost Property – Subtract depreciation from unit cost (AFMAN 23-220, Chapter 15).
- 2. Damaged Property – Use actual cost of repairs to restore property to condition prior to being damaged.
- 3. Destroyed Property – Subtract amount of depreciation and salvage value from value of unit.

DEPRECIATION – Exhibit must show how depreciated value was computed. Unit initial investigating official must provide source of depreciation factor, date of manufacture/issue, original cost/estimate life expectancy, replacement cost, and worksheets.

**PART II**

**OPTIONAL EXHIBITS**

OTHER REPORTS/STATEMENTS:

- 1. Accident Report (AF Form 1315) – MANDATORY FOR ALL ROSs INVOLVING VEHICLE ACCIDENTS.
- 2. Vehicle Accidents (SF Form 91)
- 3. Statement of Witness (AF Form 1169)
- 4. Incident/Complaint Report (DD Form 1569) - MUST BE PROVIDED FOR ALL ROSs CONCERNING LOST PROPERTY
- 5. Local/State Police Incident/Accident Reports
- 6. Custodial Receipts
- 7. Statements of other persons having knowledge of the loss/damage/destruction

**PART III**

EXHIBITS THAT MUST BE COMPLETED AND ATTACHED BY APPLICABLE COMMANDERS/ STAFF AGENCY CHIEF/DIRECTOR/COMMANDANT

**SECTION III**

RESPONSIBILITIES FOR COMPLETION OF AF FORM 1768, STAFF SUMMARY SHEET

**PART I**

RESPONSIBILITIES OF UNIT INITIAL INVESTIGATING OFFICIAL ROUTING AND ACTION: As 6 SUPS/LGSPF is the focal point, the entire ROS package must always be routed through them from unit commander or designated representative. See below:

<u>TO</u>	<u>ACTION</u>	<u>SIGNATURE</u>
6 SUP/ LGSPF	COORD	_____
UNIT CC	COORD/	_____

RECOM

6 ARW/ COORD/ \_\_\_\_\_

JA REG

6 SUP/

LGSPF ACTION \_\_\_\_\_

6 LSS/

CC ACTION

6 LGS/

CC SIGN (only as accountable officer for supply system stocks)

6 LG/

CC SIGN \_\_\_\_\_

6 SUP/

LGSPF FILE

ACTION OFFICER - Enter the name, grade or rank, and phone number of the action officer. This would be the unit investigating official.

SUSPENSE DATE: Thirty days after initial request for ROS.

SUBJECT - Enter type of ROS Number, i.e., Lost Pager – ROS NR 97-003

SUMMARY - Complete the summary as follows:

1. Paragraph 1. – Enter a short description of the ROS package. Example: ROS on lost calculator valued at \$295.00 discovered during unit inventory on 10 July 1996.
2. Paragraph 2. – Statement of recommendation. Enter the recommendation of the unit commander/staff agency chief/director/commandant, etc., concerning financial liability of the person(s) responsible for the property.
3. Signature – Enter the signature element of the commander/staff agency chief/director/commandant.
4. Attachments – List attachments to the Staff Summary Sheet as Tabs. i.e., Tab ROS 97-0039 w/exhibits A-C

## **PART II**

### **RESPONSIBILITY OF COMMANDERS/STAFF AGENCY CHIEF/DIRECTORS/COMMANDANTS**

Signature – The signature is that of the commander/staff agency chief/director or commandant.

## **SECTION IV**

### **RESPONSIBILITY FOR PREPARATION AND ROUTING OF ROS PACKAGE BY THE UNIT INITIAL INVESTIGATING OFFICIAL**

Attach DD Form 200 and exhibits to the inner right side of a letter size file folder.

Initial all completed actions in this checklist and attach it to the inner left side of the letter size file folder.

Attach the AF Form 1768 to the outside of the letter size file folder. When ROS cases involve vehicle accidents, the Initial Investigator must get a letter from 6 TRNS referencing the estimated date of completion the vehicle will be repaired. This letter is only necessary when the estimated damage of the vehicle is provided and the actual loss or damage is not available. The full name, grade, duty phone, social security number, and office symbol of the responsible individual must be provided in Block 9 of DD Form 200.

Ensure the ROS case has the organization and shop code for equipment items. A CA/CRL must be attached as an exhibit for cases involving equipment items

**Attachment 8**

**INVESTIGATING OFFICIAL APPOINTMENT LETTER**

MEMORANDUM FOR

FROM:

SUBJECT: Appointment as Report of Survey "Investigating Official"

1. You are appointed as Investigating Official to initiate (if required) a Report of Survey on the following:
2. The unit Report of Survey Monitor will assist you in this process.
3. As an investigating official, you must be familiar with AFMAN 23-220, be a "disinterested party", and have no interest in the custodianship, care, accountability, or safekeeping of the property. Further, when appointed as investigating official, the completion of the investigation becomes a primary duty. You will be relieved of other duties or assignments that would interfere with the investigation.

Unit Commander

cc:

Appointment Authority

ROS File

## Attachment 9

## DEPRECIATION/RESIDUAL VALUE WORKSHEET

ROS # 96-096

1. ITEM NAME \$ STOCK CLASS Carpet  
(LAST 4 DIGITS) \_\_\_\_\_
2. ORIGINAL COST  
(BLOCK 7, DD FORM 200) \$ 23/Sq yd x 18 = 414
3. ECONOMIC/USEFUL LIFE 84 mos  
(AFP 26-12)
4. COST PER YEAR \$ 4.93/mo  
(ITEM 2 DIVIDED BY ITEM 3)
5. PRESENT AGE: 52 mos
6. REMAINING LIFE 32 mos  
(ITEM 5 SUBTRACTED FROM ITEM 3)

If line 6 equals 1 or more years, proceed to line 7.

If line 6 equals 0 years or less, enter 0 and proceed to lines 8 and 9.

7. DEPRECIATED VALUE \$157.76  
(ITEM 4 MULTIPLIED BY ITEM 6)

**NOTE:** Use residual value only when the economic life (item 3) has been exceeded.

Use the depreciated amount until economic life is exceeded.

8. RESIDUAL VALUE PERCENTAGE FACTOR \_\_\_\_\_ PERCENT
9. RESIDUAL VALUE \$ \_\_\_\_\_

(ITEM 2 MULTIPLIED BY ITEM 8)

(Enter in Block 8, DD Form 200 only if item has exceeded useful life.)

**NOTE:** Do not depreciate military family housing.

ARTHUR F. DIEHL III, Colonel, USAF  
Commander