

ADMINISTRATIVE POLICY AND PROCEDURE

Subject: EQUIPMENT AND PROPERTY MOVES

Policy No.: A312

Supersedes: January 29, 2016

Review Date: October 18, 2023

Origin Date: January 1, 1982

Revision Date: October 18, 2023

PURPOSE:

To outline procedures of the Asset Management Unit, Supply Chain Operations Department, which is responsible for all moves of equipment and property.

PROCEDURES:

The following procedures are to be observed to ensure control and accountability of the equipment/property throughout the Medical Center.

1. Submit R1-93 (Equipment Location Change Notice or Temporary Loan) to Department Head for review and approval. Upon approval, the request will be forwarded to the Asset Management Unit.

The request must contain the following information:

- a. Name of the Department/Service, and the name of the person to coordinate the move, also include the phone extension of the designated coordinator along with a justification and list of items which are to be moved and/or stored (i.e., desk, chair or 10 boxes)
- b. Provide location of equipment/items to be moved (building and room). Provide location where the equipment/items are to be moved to (building/room).
- c. State desired completion date of move. (Allow 10 working days from the receipt of the request. Call extension 7926 for information).

2. **PREPARATION FOR MOVE**

- a. The requesting Department/Service will empty all drawers (desk, file cabinets, storage cabinets) and remove all loose material (books, paper, supplies, etc.). Contents should be packed in boxes.
- b. If equipment has been determined by the Medical Equipment Repair Shop (Bio-Med) to be defective, the requesting department is required to complete a defective equipment tag (**FMR259**) and 635 (Authority to Dispose Form). Department will submit forms to Asset Management Unit.
- c. Upon receipt of the approved 635 or R1-93, the Asset Management Unit will coordinate move date with the requesting Department/Service. If the requesting Department/Service is not prepared for the move according to agreed upon date, the Asset Management Unit will reschedule the move to a later date.
- d. Asset Management will verify each piece of equipment (i.e., Serial #, County Tag #,) received which should coincide with the completed 635 or R1-93. Asset Management will provide a signed receipt upon pickup.
- e. For additional information, call Asset Management on extension 7926.

Revised: 6/03, 1/16, 10/23

Reviewed: 6/03, 1/16, 10/23

Approved By:



COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
SUPPLY CHAIN OPERATIONS
APPLICATION FOR AUTHORITY TO DISPOSE
OF SURPLUS PROPERTY



The items listed below are authorized to be disposed of in accordance with the provisions of Government Code Sections 25503 through 25507

THIS SECTION MUST BE FILLED OUT COMPLETELY

Cost Center: _____ Department Name: _____

Address of Property: 7601 E. Imperial Hwy. Downey, CA 90242 Bldg.: _____ Room#: _____

Recommended by: _____ Phone Number: _____ Date: _____
(Department Custodian – Print Name)

Authorized by: _____ Sign: _____ Date: _____
(Department Administrator – Print Name)

Received by SCO: _____ Sign: _____ Date: _____

LIST ALL ITEMS REQUESTING TO BE DISPOSED

Qty.	Description	Disposal Reason*	Condition*	Asset Tag***	BIO-MED****	I.T. Tag*****	Serial Number

- * Reason for Disposal: U-Unusable/Damaged and/or Uneconomical to repair; O-obsolete; E-excess to current needs
- ** Condition of Property: P-Poor; F-Fair; G-Good; E-Excellent; V-Variou
- *** Asset Tag - Auditor-Controller Capital Asset Tag number or department NON-Capital Asset number.
- **** BIO-MED tag is the R.L.A.N.R.C. number.
- ***** Information Systems tag number is on computer equipment, which begins with "C" (ex....C00001)

IT Equipment containing PHI: Data Sanitization and Device Disposition form must be included prior to the pickup of equipment.

SUPPLY CHAIN OPERATIONS USE ONLY

Rubbish/Scrap Metal Disposal: _____
Disposed of by (Print Name)
Date
Disposal Location

To Department Surplus Coordinator: Sold, Traded, Transferred or Donated to: _____

To Purchasing Agent: Sale Bid: _____ Trade In: _____; if trade in, old equipment cannot be released until new equipment is received.

Req. # _____ Estimated Current Resale Value (If Known) _____ Minimum Sale Price (If Any) _____

Contact person where property is located: _____
(Name)
(Phone Number)

If Sale, direct payment to Department Cashier at: 7601 E. Imperial Hwy. Downey, CA 90242

To be completed by Purchasing Agent: Found to be not required for public use per resolutions Board of Supervisors			
Quote Number	Close	Sales Award No.	Issue sales awards as indicated. Purchasing agent by:

Forward in duplicate to Purchasing Agent (trade-in/sale bid) or Dept. Surplus Coordinator (other disposal methods)

EQUIPMENT LOCATION CHANGE NOTICE OR TEMPORARY LOAN

County TAG#	Serial #	BIO-MED#	Description	CODE	FROM: LOC-BLDG. & ROOM#	TO: LOC-BLDG. & ROOM#	SUPPLY CHAIN USE ONLY (FM# IF APPLICABLE)
<u>Release By (Department Head Print Name)</u>		<u>Released By (Department Head Signature)</u>		<u>Date Released</u>	<u>Phone Number</u>		<u>*CODE</u>
<u>Accepted By: (Department Head Print Name)</u>		<u>Accepted By (Department Head Signature)</u>		<u>Date Accepted</u>	<u>Phone Number</u>		<u>*CODE</u>

*Code:

- A. = DEPARTMENTAL LOCATION CHANGE (Within Same Department)
- B. = TRANSFERRED TO ANOTHER DEPARTMENT
- C. = SENT TO REPAIR (AUTHORIZED)

DISTRIBUTION FORWARD TOO:

- ORIGINAL - SUPPLY CHAIN OPERATION DEPARTMENT
- COPY 2 - RELEASING DEPARTMENT
- COPY 3 - ACCEPTING DEPARTMENT

IT IS THE RESPONSIBILITY OF THE RELEASING DEPARTMENT TO INITIATE THIS EQUIPMENT LOCATION CHANGE NOTICE

***Note* If changing locations of equipment within the same department or sending equipment out for repair, only one signature is required.**

SUPPLY CHAIN OPERATIONS USE ONLY

Date Updated: _____ Sign: _____ Print Name: _____