



FEDERAL EMERGENCY MANAGEMENT AGENCY
Emergency Support Function-9 -Incident Support Team
National Urban Search and Rescue Response System

Government Property Lost or Damaged (GPLD) Survey Certificate					1. VOUCHER NUMBER
2. TO (Name and Address of Reviewing Authority)		3. From (Name and Address of Activity assigned responsibility for GPLD)		4. Name and Grade of Person Performing or Directing Research	
5. I certify that the [] loss [] damage of item(s) described below was not caused by simple/gross negligence, willful misconduct or deliberate unauthorized use. I further certify that the loss of or damage to the item(s) occurred under the circumstances described herein.					
6. NATIONAL STOCK NO. OR MANUFACTURERS PART NO.	7. NOMENCLATURE	8. QUANTITY	9. UNIT OF ISSUE	10. UNIT COST	11. EXTENDED COST
			12. TOTAL COST OF LISTED ITEMS:		
13. CIRCUMSTANCES OF LOSS OR DAMAGE					
14. TYPED NAME & GRADE OF ACCOUNTABLE /RESPONSIBLE OFFICER		14a. SIGNATURE			14b. DATE
THIS PORTION TO BE COMPLETED BY REVIEWING AUTHORITY AND RETURNING TO ACTIVITY INDICATED IN ITEM NO. 2					
15. I have reviews the evidence pertaining to the loss or damage and [] agree [] do not agree that the loss or damage to the property was not due to simple/gross negligence, willful misconduct, or deliberate unauthorized use. The following action is authorized:					
<input type="checkbox"/> A. An inventory adjustment for the property which was not lost through simple/gross negligence, willful misconduct, or deliberate unauthorized use:					
<input type="checkbox"/> B. Repair the damaged property and charge to O&M/stock fund as fair wear and tear as damaged was not caused by gross negligence, willful misconduct, or deliberate unauthorized use.					
<input type="checkbox"/> C. The circumstances surrounding the loss or damage warrant the processing of a report of survey, FEMA Form 61-5, to be initiated immediately.					
<input type="checkbox"/> D. Other action (Specify): _____					
16. TYPED NAME & GRADE OF REVIEWING OFFICER		16a. SIGNATURE			16b. DATE



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