

GovDeals Office Equipment Inspection Form

Inventory ID _____	Asset Number _____
Short Description: Manufacturer _____ Model _____ Serial Number: _____	
<div style="display: flex; justify-content: space-between;"><div><u>Please fill in or check</u></div><div>Long Description:</div></div> <p>This Equipment: <input type="checkbox"/> Is Operable <input type="checkbox"/> Was Operable when Removed from Service (Date Removed: _____) <input type="checkbox"/> Is Not Operable <input type="checkbox"/> Operating Condition Unknown</p> <p>Manuals: <input type="checkbox"/> Included <input type="checkbox"/> Not Included</p> <p>Software: <input type="checkbox"/> Included <input type="checkbox"/> Not Included</p>	
<u>Computers/ Monitors</u> Computer: Processor: _____ Speed: _____ RAM: _____ Operating System: _____ Hard Drive: Size _____ <input type="checkbox"/> Included <input type="checkbox"/> Removed <input type="checkbox"/> Included but Erased (No OS) Accessories Included: <input type="checkbox"/> Mouse <input type="checkbox"/> Keyboard <input type="checkbox"/> _____ Monitor: <input type="checkbox"/> CRT <input type="checkbox"/> Flat Panel Size: _____	
<u>Printers/ Copy Machines/ Fax Machines</u> This Equipment: <input type="checkbox"/> Prints <input type="checkbox"/> Copies <input type="checkbox"/> Faxes <input type="checkbox"/> Scans Interface: <input type="checkbox"/> Parallel Cable Only <input type="checkbox"/> USB Only <input type="checkbox"/> Parallel & USB <input type="checkbox"/> Color <input type="checkbox"/> Black & White Only Pages per Minute: _____ <input type="checkbox"/> Network Card	
<u>Special/Other Features:</u> _____ _____ _____ _____ _____ _____ _____	
Location of Asset: _____ For more information contact: _____	
Department Head Signature: _____ Date: ____/____/____ County Manager Initial for Approval: _____	
Reminder: Do not close items on or surrounding a holiday, on Friday nights, or weekends. Stagger closing times by 10 minutes.	