GovDeals Office Equipment Inspection Form

Inventory ID	Asset Number

Short Description:
Manufacturer_____ **Model**_____ **Serial Number:** _____

Please fill in or check **Long Description:**

This Equipment: ☐ **Is Operable** ☐ **Was Operable when Removed from Service (Date Removed:**_____**)**
☐ **Is Not Operable** ☐ **Operating Condition Unknown**

Manuals: ☐ **Included** ☐ **Not Included**

Software: ☐ **Included** ☐ **Not Included**

Computers/ Monitors

Computer: Processor:_____ **Speed:**_____ **RAM:**_____ **Operating System:**_____

Hard Drive: Size_____ ☐ **Included** ☐ **Removed** ☐ **Included but Erased (No OS)**

Accessories Included: ☐ **Mouse** ☐ **Keyboard** ☐ _____

Monitor: ☐ **CRT** ☐ **Flat Panel** **Size:** _____

Printers/ Copy Machines/ Fax Machines

This Equipment: ☐ **Prints** ☐ **Copies** ☐ **Faxes** ☐ **Scans**

Interface: ☐ **Parallel Cable Only** ☐ **USB Only** ☐ **Parallel & USB**

☐ **Color** ☐ **Black & White Only** **Pages per Minute:**_____

☐ **Network Card**

Special/Other Features:

_____

_____

_____

_____

_____

_____

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.