



DEPARTMENT OF THE NAVY  
TRAINING SQUADRON THIRTY-ONE (VT-31)  
501 BATAAN STREET SUITE B  
CORPUS CHRISTI TX 78419-5249

VT31INST 4500.1F  
RMS  
18 OCT 2006

TRAINING SQUADRON THIRTY-ONE INSTRUCTION 4500.1F

Subj: SUBMISSION OF SURVEY REPORTS

Ref: (a) NAVSUPMAN

Encl: (1) DD FORM 200

1. Purpose. To promulgate procedures for requesting, routing, and preparation of survey reports per reference (a). The purpose of the survey is to:

a. To determine responsibility for lost, damaged or destroyed property.

b. To provide authorization to expend material from records of supply system stock.

2. Cancellation. VT31INST 4500.1E

3. Discussion. A survey is the procedure required when Navy property and Defense Logistics Agency material in Navy custody is lost, damaged or destroyed.

4. Action

a. The Survey is composed of the following phases:

(1) Request for survey.

(2) Action by Commanding Officer on Survey Request.

(3) Action by Department Head.

(4) Action by the reviewing officer, normally the Commanding Officer, or his designated representative.

(5) Expenditure of material from records.

b. Any member who loses, damages, or destroys squadron issued property needs to complete DD Form 220. The First Lieutenant will assist them in preparing and typing the original survey shown in enclosure (1).

5. Appointing Authority. The appointing authority will usually be the Commanding Officer or the RMS Officer. The designee has the following responsibilities:

- a. Require a Report of Survey when circumstances warrant.
- b. Approving surveying officer.
- c. Review all Reports of Survey, DD Form 200.
- d. Approving surveying officer's recommendation or making recommendations of his/her own.
- e. Assist the surveying officer in his/her survey.
- f. Taking appropriate action on Reports of Survey.
- g. Maintaining a list of surveying officers appointed and the Report of Survey to which appointed and in addition keeping a list of active Reports of Survey.

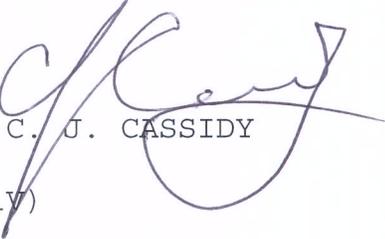
6. Survey Officers Responsibility and Duties

- a. If a review shows that loss, damage or destruction was due to gross negligence, willful misconduct or deliberate unauthorized use, a logical and reasonable recommendation will be made to place responsibility.
- b. The Survey Officer is responsible for a thorough and impartial review developing the facts and circumstances as they actually exist.
- c. If the review is not completed within 45 days of date of assignment, the survey officer will provide written notification to the appointing authority stating the reason for the delay.
- d. If it is learned that the matter has been investigated by other formal investigative activities, a copy or extract of the report should be obtained in order to avoid duplication of efforts.
- e. In conducting the review, the Survey Officer will be guided by reference (a).

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f. Coordination will be effected with Judge Advocate/Counsel and Claims Officer, if applicable.

7. Responsibility. The RMS Officer is responsible for preparation of the smooth survey report, maintaining files of completed survey reports and expenditures of the materials as authorized in the survey report.

  
C. J. CASSIDY

Distribution: (VT31INST 5216.1V)  
List I

**FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 2775; DoD Directive 7200.11; EO 9397.

**ROUTINE USE(S):** None.

**PRINCIPAL PURPOSE(S):** To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

**DISCLOSURE:** Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

<b>1. DATE INITIATED (YYYYMMDD)</b>		<b>2. INQUIRY/INVESTIGATION NUMBER</b>		<b>3. DATE LOSS DISCOVERED (YYYYMMDD)</b>	
<b>4. NATIONAL STOCK NO.</b>	<b>5. ITEM DESCRIPTION</b>			<b>6. QUANTITY</b>	<b>7. UNIT COST</b>
					<b>8. TOTAL COST</b> 0.00
<b>9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one)</b> <i>(Attach additional pages as necessary)</i>				<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED <input type="checkbox"/> DESTROYED
<b>10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES</b> <i>(Attach additional pages as necessary)</i>					
<b>11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10</b>					
a. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		b. TYPED NAME <i>(Last, First, Middle Initial)</i>		c. DSN NUMBER	
		d. SIGNATURE		e. DATE SIGNED	
<b>12. (X one)</b>	<b>RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)</b>		<b>REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)</b>		
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED <i>(X one)</i>	b. COMMENTS/RECOMMENDATIONS				
<input type="checkbox"/> YES <input type="checkbox"/> NO					
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		d. TYPED NAME <i>(Last, First, Middle Initial)</i>		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
<b>13. APPOINTING AUTHORITY</b>					
a. RECOMMENDATION <i>(X one)</i>	b. COMMENTS/RATIONALE			c. FINANCIAL LIABILITY OFFICER APPOINTED <i>(X one)</i>	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		e. TYPED NAME <i>(Last, First, Middle Initial)</i>		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
<b>14. APPROVING AUTHORITY</b>					
a. RECOMMENDATION <i>(X one)</i>	b. COMMENTS/RATIONALE			c. LEGAL REVIEW COMPLETED IF REQUIRED <i>(X one)</i>	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		e. TYPED NAME <i>(Last, First, Middle Initial)</i>		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

**15. FINANCIAL LIABILITY OFFICER**

a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED

**16. INDIVIDUAL CHARGED**

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

Submit the attached statement of objection.  Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. SOCIAL SECURITY NUMBER
	g. SIGNATURE	h. DATE SIGNED
f. DSN NUMBER		

**17. ACCOUNTABLE OFFICER**

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED