Stanford Off-Campus Equipment Verification Worksheet

The following piece(s) of equipment are assigned to your custody at a location other than the Stanford Campus. Please fill out all fields on this form. Use one worksheet per custodian; additional assets may be added to this sheet during the year. There is room on this form for 2 assets; if this custodian has or adds additional assets, check the "Listing Attached" box below and attach off campus continuation pages. The Department Property Administrator (DPA) must verify information and update the form annually. One form is good for 4 years then a new form must be generated for all assets off campus for this custodian. If the information becomes illegible, a new form must be generated.

The "Custodian" shall be the SU Employee listed in the "Custodian" field of therecord in Sunflower. This is the person responsible for the equipment. If the item is government-funded, the Principle Investigator (PI) should be listed as the Custodian. By signing this form, the custodian certifies the equipment is physically verified and the information listed is current, accurate and complete. If the "Asset User" is also the custodian, write "Custodian" in the asset user field.   ☐ **Listing Attached (___ Pages)**

Custodian Printed Name:	Custodian Signature:	Custodian Title:	Custodian Phone:
Custodian Email:	Date:	Custodian On-Campus Office Location:	Custodian Department Name:

Off-Campus Asset User:		Relationship to Custodian:	Is this a private residence? (circle one)
Off-Campus Location/Address (NO PO BOX) Please include zip code:			YES ☐ / NO ☐
Phone Number:	Status & Condition	Date added:	Steward (Dept)	E-Mail Address:
Year Manufactured:	Description:		SU.ID Tag Number:	Manufacturer:
Model Number (Use Manufacturer's):		Serial Number:	**Asset returned to Campus** **Date: Disposed: Y N**

Off-Campus Asset User:		Relationship to Custodian:	Is this a private residence? (circle one)
Off-Campus Location/Address (NO PO BOX) Please include zip code:			YES ☐ / NO ☐
Phone Number:	Status & Condition	Date added:	Steward (Dept)	E-Mail Address:
Year Manufactured:	Description:		SU.ID Tag Number:	Manufacturer:
Model Number (Use Manufacturer's):		Serial Number:	**Asset returned to Campus** **Date: Disposed: Y N**

Initial form created:	1st Annual Verification Performed o	2nd Annual Verification Performed o	3rd Annual Verification Performed o
Date: DPA Initials:	Date: DPA Initials:	Date: DPA Initials:	Date: DPA Initials:

Off-Campus Asset User:		Relationship to Custodian:		Is this a private residence? (circle one)
Off-Campus Location/Address (NO PO BOX) Please include zip code:				YES ☐
				NO ☐
Phone Number:	Status & Condition	Date added:	Steward (Dept)	E-Mail Address:
Year Manufactured:	Description:		SU.ID Tag Number:	Manufacturer:
Model Number (Use Manufacturer's):		Serial Number:		*Asset returned to Campus* *Date: Disposed: Y N*

Off-Campus Asset User:		Relationship to Custodian:		Is this a private residence? (circle one)
Off-Campus Location/Address (NO PO BOX) Please include zip code:				YES ☐
				NO ☐
Phone Number:	Status & Condition	Date added:	Steward (Dept)	E-Mail Address:
Year Manufactured:	Description:		SU.ID Tag Number:	Manufacturer:
Model Number (Use Manufacturer's):		Serial Number:		*Asset returned to Campus* *Date: Disposed: Y N*

Off-Campus Asset User:		Relationship to Custodian:		Is this a private residence? (circle one)
Off-Campus Location/Address (NO PO BOX) Please include zip code:				YES ☐
				NO ☐
Phone Number:	Status & Condition	Date added:	Steward (Dept)	E-Mail Address:
Year Manufactured:	Description:		SU.ID Tag Number:	Manufacturer:
Model Number (Use Manufacturer's):		Serial Number:		*Asset returned to Campus* *Date: Disposed: Y N*

Stanford Off-Campus Equipment Verification Worksheet Instructions

Purpose: All equipment that staff members have located off-campus must be documented and accounted for during the physical inventory process. If you have Stanford-owned or government-owned equipment at a non-Stanford location, you must complete an Off-Campus Equipment Verification Worksheet. Use one worksheet per Custodian (there is room for multiple Asset Users who may not be the custodian); additional equipment may be added during the course of the year.

☐ **Listing Attached:** If additional pages are attached for this custodian, check this box. When copies are given to the Physical Inventory Group during your inventory, indicate how many pages are attached.

Annual Update: Physical verification must be performed annually by the Department Property Administrator for all off-campus assets. There is room for three Annual Updates on this form. After four years (initial year plus three updates), please fill out a new form.

Who may fill out this form? The custodian who has responsibility for the equipment should fill out the form. The DPA may also fill out the form; regardless of who performs this task, the information should be physically verified against the equipment for accuracy. If there is a discrepancy, the person who signs the form (Custodian) will be responsible. The custodian information is listed at the top of the form; if the custodian is not the asset user, that information is listed with each piece of equipment.

Retention: The DPA must retain a copy of this form at all times. It may be audited at any time by PMO or external auditors with PMO Permission.

Off-Campus Asset User: The person using the equipment. This may be the "Custodian" (from the Sunflower property record) or it may be the person listed in the "User" field in the Sunflower property record. If the asset user is also the custodian, then you can simply print "CUSTODIAN" in this field and bypass the "Relationship to Custodian", "Phone Number", and "E-Mail Address" fields.

Relationship to Custodian: If the asset user is not the custodian, then list the relationship (ie: Graduate Student, Temporary Employee, Howard Hughes Employee, etc.)

Location Field: This is the location designation as used in the property management system. Please use the same format.

Off-Campus Location/Address: This is the street address, including city, state and zip code, where the asset resides. ***NO PO Boxes please!*** Please indicate in the adjacent field whether or not this address is a private residence or not, to ensure privacy of information.

Phone Number: Daytime phone number

Status & Condition: (Status 1=In Use, 2=In Intermittent Use, 3=Not In Use) (Condition 1=Good, 2=Poor, 3=Minor Repair, 4=Major Repair, 5=Beyond Repair) These should reflect the corresponding fields in the property record in Sunflower.

Date Added: This is the date you added this asset to the form.

Steward: The Department name from the Property Record in Sunflower (taken from the Org Hierarchy Official Name)

SU.ID Tag Number: Last 7 digits on the Stanford bar code tag on the equipment.

E-mail Address: Email address of the Asset User

Year Manufactured: The year this piece of equipment was manufactured (if known) - should be on the data plate on the equipment, and is also recorded in the Global User Field in Sunflower.

Description: What the item is - this is the "Official Name" in Sunflower.

Manufacturer: Who manufactured the item - this is in the Manufacturer field in Sunflower.

Model Number: Manufacturer's model number off the data plate on the equipment - this should be in the Model number field in Sunflower.

Serial Number: Serial number off the data plate on the equipment - this should be in the Serial Number field in Sunflower.

Asset returned to Campus: If the asset is returned to campus for disposal (or scrapped on site) or transferred to another department or employee, indicate the date of this transaction on the form; if a disposal was involved, indicate Y or N.

Initial Form Created: Date the form was initially created for this custodian.

Annual Verification Performed: The DPA is required to verify once per year that this equipment is still in the locations listed on the form. They check the box when this is complete.

Date/DPA Initials: The DPA is required to initial the form upon receipt. Additionally, they will initial annually when the form is updated.