

NMC I Report Missing, Lost, Stolen or Damaged Equipment and Request for Replacement

(Prescribing Document – SSCSDINST 4500.1B)

| | | | | | | | | | | | |
|---|--|---|---|----------------------------|--|--|------------------------------------|-------------------------------------|--|--|--|
| PRINCIPAL PURPOSE: | | | | | | To officially report the facts and circumstances supporting the assessment of missing, lost, stolen or damage/destruction of NMC I Property. | | | | | |
| 1. Date Initiated (YYYY/MM/DD) / / | | 2. Inquiry Number (UIC - Julian Date - Code - Serial Number) N66001- - - | | | | 3. Date Loss Discovered (YYYY/MM/DD) / / | | | | | |
| 4. Item Description | | 5. NMC I Asset Tag No: | | 6. Help Desk Ticket Number | | 7. Qty | 8. Unit Cost | 9. Total Cost | | | |
| 10. Circumstances Under Which Property was (X one) | | | | | | Lost <input type="checkbox"/> | Stolen <input type="checkbox"/> | Damaged <input type="checkbox"/> | | | |
| 11. <input type="checkbox"/> CNRSW notified 619-524-2030 and copy of NRSW Force Protection Office Investigating Report Attached | | | | | | Date of Report (YYYY/MM/DD) / / | | | | | |
| 12. <input type="checkbox"/> Security Information Assurance Office, Code 20351 (619) 553-5286/3197 accredit@spawar.navy.mil notified | | | | | | Date Reported (YYYY/MM/DD) / / | | | | | |
| 13. Reporting Individual (Completing Blocks 1 through 12) | | | | | | | | | | | |
| a. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | b. Typed Name (Last, First, Middle Initial) | | | c. Phone Number - - | | d. Date YYYY/MM/DD / / | | | |
| | | | e. Signature | | | f. Email Address | | | | | |
| 14. Action Taken to Correct Circumstances Reported in Block 10 and Prevent Future Occurrences (Attach Additional Pages as Necessary) | | | | | | | | | | | |
| 15. Immediate Supervisor (Completing Block 14) | | | | | | | | | | | |
| a. Negligence or Abuse Evident/Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No | | | b. Comments or Recommendations: | | | | | | | | |
| c. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | d. Typed Name (Last, First, Middle Initial) | | | e. Phone Number - - | | f. Date YYYY/MM/DD / / | | | |
| | | | g. Signature | | | h. Email Address | | | | | |
| 16. Department Head (or Second Line Supervisor) | | | | | | | | | | | |
| a. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | b. Comments or Recommendations: | | | | | | | | |
| | | | c. Typed Name (Last, First, Middle Initial) | | | d. Phone Number - - | | e. Date YYYY/MM/DD / / | | | |
| | | | f. Signature | | | g. Email Address | | | | | |
| 17. Department NMC I POC (Review equipment replacement, provide additional information, approve or disapprove) | | | | | | | | | | | |
| a. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | b. Comments: | | | c. Request and Approve Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | d. Typed Name (Last, First, Middle Initial) | | | e. Phone Number - - | | f. Date YYYY/MM/DD / / | | | |
| | | | g. Signature | | | h. Email Address | | | | | |
| 18. Appointing Authority (Executive Officer/Base Operations Manager) | | | | | | | | | | | |
| a. Financial Liability Officer Appointed (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | b. Recommendation (X one) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | | | c. Comments or Recommendations: | | | | | |
| d. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | e. Typed Name (Last, First, Middle Initial) (Executive Officer) | | | f. Phone Number 619-553-3030 | | g. Date YYYY/MM/DD / / | | | |
| | | | h. Signature | | | i. Email Address | | | | | |
| 19. Approving Authority (Commanding Officer) | | | | | | | | | | | |
| a. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | | b. Action (X one) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | | | c. Legal Review completed if required (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | d. Typed Name (Last, First, Middle Initial) (Delegated to Executive Officer) | | | e. Phone Number 619-553-3030 | | f. Date YYYY/MM/DD / / | | | |
| | | | g. Signature | | | h. Email Address | | | | | |

| | | | |
|---|--|---|--|
| 20. FINANCIAL LIABILITY OFFICER (APPOINTED by XO/CO) | | | |
| b. DOLLAR AMOUNT OF LOSS | | c. MONTHLY BASIC PAY | |
| d. RECOMMENDED FINANCIAL LIABILITY | | | |
| e. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | f. Typed Name (<i>Last, First, Middle Initial</i>) | |
| | | g. Phone Number - - | |
| | | h. Date report submitted to appointing authority YYYY/MM/DD / / | |
| | | i. Date appointed YYYY/MM/DD) / / | |
| | | j. Signature | |
| | | k. Date YYYY/MM/DD) / / | |
| 21. Individual Charged (NMCI User) | | | |
| a. I have examined the findings and recommendations of the Financial Liability Officer and (x one) | | | |
| <input type="checkbox"/> Submit the attached statement of objection | | <input type="checkbox"/> 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. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | d. Typed Name (<i>Last, First, Middle Initial</i>) | |
| | | e. Phone Number - - | |
| | | f. Date YYYY/MM/DD) / / | |
| | | g. Signature | |
| | | h. Email Address | |
| NMCI CTR and SITE MANAGER USE ONLY | | | |
| 22. NMCI Customer Technical Representative (CTR) Acknowledgement, review and forwarding to NMCI Site Manager | | | |
| a. Comments or Recommendations: | | b. Recommendations: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | |
| c. Organization Address SPAWARSYSCEN SD Code _____ 52560 Hull Street San Diego CA 92152-5001 | | d. Typed Name (<i>Last, First, Middle Initial</i>) (CTR) | |
| | | e. Phone Number | |
| | | f. Date YYYY/MM/DD) / / | |
| g. NMCI Asset Tag No. | | h. Signature | |
| | | i. Email Address | |
| j. Asset Type (Example: Laptop etc.) | | k. Equipment Description (example: Dell Notebook) | |
| | | l. Base Code (4-digit code) | |
| 23. NMCI/EDS Site Manager | | | |
| a. Organization Address EDS Site Manager SPAWARSYSCEN SD 52560 Hull Street San Diego CA 92152-5001 | | b. Typed Name (<i>Last, First, Middle Initial</i>) (EDS Site Manager) | |
| | | c. Phone Number | |
| | | d. Date YYYY/MM/DD) / / | |
| | | e. Signature | |
| | | f. Email Address | |
| FOR EDS INTERNAL USE ONLY | | | |
| 24. EDS Internal | | | |
| a. Replacement Value \$ | | b. REA Claim Submitted/Filed on day of , 20 | |
| c. Asset Status: Manufacturer Warranty Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | d. Typed Name (<i>Last, First, Middle Initial</i>) | |
| | | d. Phone Number - - | |
| | | e. Date YYYY/MM/DD) / / | |
| EDS Replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No | | f. Signature | |
| Other: | | g. Email Address | |

STEPS for Reporting Missing, Lost, Stolen or Damaged (MLSD) NMCI Equipment and Equipment Replacement Request (ERR)

Follow the steps below to report Missing, Lost, Stolen, or Damaged NMCI equipment:

| Step No. | Action | Responsible Individual |
|----------|--|---|
| 1 | Upon determining that their NMCI equipment is missing, the NMCI User will immediately notify his/her supervisor and department head. | NMCI User |
| 2 | The NMCI User will then notify Commander, Navy Region Southwest (CNRSW), Force Protection Office (619) 524-2030. CNRSW FPO will receive notice of the missing NMCI equipment incident and (if applicable) dispatch an officer to investigate and make a report on the incident. CNRSW FPO will assist the NMCI User as needed in preparing the NMCI MLSD form and will provide a copy of the investigative report. | NMCI User |
| 3 | The NMCI User will also notify SSC San Diego Security Information Assurance (IA) Office, accredit@spawar.navy.mil Code 83351 (619) 553-5286/3197. | NMCI User |
| 4 | The NMCI User will notify the EDS Help Desk (866) 843-6624, and provide the Type, Description, and Asset Number. Upon notification, the help desk will initiate a REMEDY ticket, noting the type and description of the missing NMCI equipment, and provide the Ticket number to enter onto the SSC SD 4500/3 NMCI MLSD form. | NMCI User |
| 5 | The NMCI User will then notify his/her Department NMCI Procuring Office Coordinator (POC) | NMCI User |
| 6 | Upon notification of a missing NMCI equipment incident, the ACOR/RCOR will notify the Customer Technical Representative (CTR), Code 73400 (619) 553-6090. | NMCI User |
| 7 | The NMCI User then completes SSC SD 4500/3 NMCI MLSD Form (Blocks 1 thru 13) and SSC SD 4500/3 Route Sheet, attaches all applicable documentation i.e., CNRSW Force Protection Office report, Off-site use Property Pass, Policy report, Insurance Claim form, etc, and submits to their immediate supervisor. | NMCI User |
| 8 | The Immediate Supervisor reviews the SSC SD 4500/3 and completes (Blocks 14 and 15a thru 15h), initial/date Route Sheet and forwards to Department Head. | Supervisor |
| 9 | The Department Head reviews the SSC SD 4500/3 and completes (Block 16a thru 16g), initial/date Route Sheet and forwards to Department NMCI Procuring Office Coordinator (POC). | Department Head |
| 10 | The Department NMCI Procuring Coordinator (POC) reviews SSC SD 4500/3, approves/disapproves equipment replacement, by completing (Block 17a thru 17h). Initial/date route sheet and forward to Property Inventory Group, Code 22910 | Department NMCI POC |
| 11 | Property Inventory Group, enter NMCI MLSD into Property Loss Tracking System. Copy and forward copy to Security (IA Office), Code 83351. Initial/date Route Sheet and forward to Management Programs Branch/Fact Finder. Code 83342. | Property Inventory Group, Code 22910 |
| 12 | Fact Finder, review NMCI MLSD package with all supporting documentation, verifying and/or obtaining all applicable documentation is attached. Conduct Fact Finding. Attach Fact Finding results. Initial/date Route Sheet and forward to Code 8330 Deputy Base Operations. | Management Programs Branch, Fact Finder, Code 83342 |
| 13 | Deputy Base Operations, review entire NMCI MLSD package and fact finders recommendation. Initial/date Route Sheet and forward to Executive Officer. | Deputy Base Operations, Code 8330 |
| 14 | Executive Officer, review entire NMCI MLSD package. Determine if NCIS referral is appropriate; interface with NCIS. Complete NMCI MLSD (Block 18b thru 18i). Determine if assignment of FLO/B is necessary by checking appropriate box in Block 18c. If FLO/B is not assigned, initial/date Route sheet and forward to NMCI Customer Technical Representative (CTR). If FLO/B is assigned, initial/date Route Sheet (Block 9), and forward to FLO/B. | Executive Officer, Code 00009 |
| 15 | FLO/B, review entire NMCI MLSD package, complete Block 20a thru 20k) conduct investigation and provide recommendation, initial/date Route Sheet and route back to the XO for action. The FLO/B shall conduct investigation promptly. | Command Evaluation, Code 86007 |
| 16 | Executive Officer, review FLO/B's findings and conclusions by completing (Block 18a). If financial liability is recommended, initial/date Route Sheet and forward to Legal office for review of FLO recommendation and provide opinion on the adequacy of evidence and corrective action. If disapproved forward to CO (or sign <u>for</u> CO, as delegated). | Executive Officer, Code 00009 |
| 17 | Legal Office, review NMCI MLSD package and FLO/B recommendation, and provide counsel and/or recommendation for disciplinary action. Initial/date Route Sheet and route back to the XO. The legal review shall be included as part of the record and completed before the approving authority takes final action. | Legal Office, Code 35001 |
| 18 | NMCI User, review NMCI MLSD package, FLO recommendation, and complete (Block 21a thru 21h). Initial/date route sheet and forward to CO (delegated to XO by CO on 5 Oct 05). | NMCI User |
| 19 | Commanding Officer/Executive Officer, review NMCI MLSD package. Complete (Block 19a thru 19h). Initial Route Sheet and forward to Customer Technical Representative (CTR). | Commanding Officer (Delegated to XO) |
| 20 | CTR, review NMCI MLSD/ERR package. Complete NMC /MLSD/ERR package (Blocks 22a thru 22i) requesting that replacement equipment be issued, and follow-up and monitor replacement equipment. Initial/date Route Sheet and forward package to EDS Site Manager and Administrative Contracting | Contracting Technical Representative (CTR) |

STEPS for Reporting MLSD and ERR (Cont'd)

| Step No. | Action | Responsible Individual |
|----------|---|------------------------|
| | Officer (ACO). | |
| 21 | NMCI/EDS Site Manager, review entire NMCI MLSD/ERR package. Complete (Blocks 23a thru 23f). Forward copy to the Department NMCI Procuring Coordinator (POC). Initial/date Route Sheet and forward to EDS. | NMCI/EDS Site Manager |
| 22 | Upon receipt of the documents and request for replacement equipment, EDS will prepare an EDS incident report. | EDS |
| 23 | If EDS determines the government should pay for the equipment, EDS will prepare a Request for Equitable Adjustment (REA) and submit it to the government NMCI Department POC. | EDS |
| 24 | The Government NMCI Department POC will receive and review the REA. | Government NMCI POC |
| 25 | If the NMCI Department POC finds issue with the REA or questions the responsibility of the government to pay for the missing equipment, the POC will contact the CTR for more information. The POC will continue to work with the CTR until all issues regarding the missing equipment are resolved. | Government NMCI POC |
| 26 | The CTR receives the request to research the issues related to the REA. | CTR |
| 27 | Upon notification of issues with the missing equipment, the CTR will work with the POC and NMCI User to answer the questions. | CTR |
| 28 | The CTR will then prepare and submit a response to the EDS Site Manager. | CTR |
| 29 | The EDS Site Manager will receive and review the response from the CTR. | EDS Site Manager |
| 30 | Once the POC has fully investigated the REA, he/she will work with EDS to come to final resolution on payment for the missing equipment. | Government NMCI POC |
| 31 | EDS determines who should pay for the replacement equipment. If EDS determines that EDS should pay for the replacement equipment, EDS will order the replacement equipment. Replacement equipment often takes eight to twelve weeks to be delivered and deployed. If the missing equipment is an NMCI seat, EDS often provides an interim seat until the replacement equipment arrives. If the missing equipment is other than a seat, the user will usually have to wait until the equipment is ordered, delivered and deployed. | EDS |
| 32 | After issuing the replacement equipment, EDS will adjust its records to show that the NMCI User now has different equipment. | EDS |