

GovDeals Office Equipment Inspection Form

Pictures: Disc _____ Views/ Picture # _____ # _____ # _____ # _____ # _____ # _____

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: _____

Dept Head Print: _____ **Dept Head Signature:** _____ **Date:** ___/___/___