EQUIPMENT AND INVENTORY CONTROL
POLICY AND PROCEDURE

PURPOSE: To establish a policy and procedure for the recording, identification, and accountability of all equipment items having a minimum cost of $500 and a life expectancy of over one year.

POLICY: It is the responsibility of the NMSWMD Planner, to maintain proper equipment records and to ensure that all items of equipment meeting the minimum cost and one-year criteria are identified by means of a District label. The responsibility for equipment accountability is assigned to the NMSWMD Board of Directors, Executive Director, and District Planner.

PROCEDURES:

1. When received directly by the District, the District Planner will receive and tag the equipment.

2. When equipment is ordered on a purchase order or credit card, the transaction receipt must be retained by the District Planner. Within 5 business days of receiving the item, with the transaction number noted on the receipt, the following information must be recorded into the Inventory/Equipment manifest records:
   - Manufacturer’s name
   - Serial number
   - Model number
   - Date received
   - Location where equipment will be kept
   - Unit acquisition cost
   - Name of department and/or community taking ownership of equipment
   - Name of person to whom the equipment has been assigned
   - Proof of insurance policy

Equipment received as donations are to be inventoried in the same manner.

II. Equipment Records Maintenance Procedure

1. The tag number assigned to a piece of equipment serves as the central mechanism for establishing a unit record in the inventory control system.
2. Each record will contain information on the item including:
   - Description
   - Serial or manufacturer identification number
3. Annually, complete equipment inventory reports will be provided to the Board of Directors and the State. These reports will be in tag number sequence.

III. Departments Reporting Changes in Status of Equipment
1. All equipment that is transferred, stolen, scrapped, traded in, etc. must be reported. Status changes are to be reported as they occur.
2. All equipment that is disposed of is to be stored in the Moving and Surplus Department storage area unless it is scrapped and it is to go to the Recycling and Refuse area. A form reporting the disposal of the item is to be completed by the District Planner and the item removed from the Inventory Control manifest.
3. Equipment owned by NMSWMD may be removed from its location only with the permission of the Executive Director or District Planner.

IV. Annual Inventory

Each year, the District Planner will conduct an inventory of the District’s equipment and verify the inventory manifests accuracy.

Adopted – August 23, 2007, NMSWMD Board of Directors meeting
North Missouri Solid Waste Management District - Region B

INVENTORY WORKSHEET

Department: 

Prepared By: Phone #: 

Date: 

<table>
<thead>
<tr>
<th>TAG NO.</th>
<th>Location</th>
<th>Office</th>
<th>DESCRIPTION OF ITEM</th>
<th>ORIGINAL COST</th>
<th>MANUFACTURER'S SERIAL NO.</th>
<th>P.O. NO.</th>
<th>EMPLOYEE NAME (WHO ASSET IS ASSIGNED TO)</th>
<th>MISC</th>
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Approved: 

Exhibit Twelve
North Missouri Solid Waste Management District - Region B
INVENTORY CHANGE WORKSHEET

Department: ______________________
Prepared By: ______________________ Phone #: ______________________
Date: ______________________

<table>
<thead>
<tr>
<th>TAG NO.</th>
<th>ADD/ DISP CODE</th>
<th>Location</th>
<th>Office</th>
<th>DESCRIPTION OF ITEM</th>
<th>ORIGINAL COST</th>
<th>MANUFACTURER'S SERIAL NO.</th>
<th>P.O. NO.</th>
<th>EMPLOYEE NAME (WHO ASSET IS ASSIGNED TO)</th>
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ADD/DISP CODES:
(1) Addition
(2) Change/Correction

Disposition Codes:
(3) Other - Explain in Misc. or on attached sheet
(4) Sold - Explain in Misc. or on attached sheet
(5) Destroyed - Explain in Misc. or on attached sheet
(6) Transferred - Name new department in Misc.
(7) Scrapped
(8) Traded In - Indicate PO #
(9) Stolen
(10) Lost
(11) Transferred to Other Institution - Explain in Misc. or on attached sheet
(12) Reinstate

Approved: ______________________ Department Head
Signature ______________________ Administrative Officer