

## DELAWARE COUNTY

Subject Assignment and Use of Equipment	Effective 1/1/97	Supersedes	This Sheet 1	Total 2
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### 1.0 Purpose

The purpose of this policy is to keep an inventory control on transportable equipment and to govern the use of County owned equipment

### 2.0 Scope

All employees of departments of the Board of Commissioners of Delaware County.

### 3.0 Distribution

All employees of departments of the Board of Commissioners of Delaware County.

### 4.0 Definitions

### 5.0 Policy

It is the policy of Delaware County to provide the necessary equipment to its employees so they may carry out their job duties efficiently and effectively.

Supervisors are responsible for providing instruction on the proper use of equipment used by Delaware County for both internal and external use.

Some equipment may have toll charges or service fees or other usage-related expenses. Employees should be aware of these charges and should consider cost and efficiency needs when choosing the proper method to perform a task. Employees should consult their supervisor if there is a question about the proper method.

Delaware County owned or leased equipment shall remain the sole property of Delaware County. Employees should not use County equipment for personal purposes. County property or equipment may not be removed from the premises without written authorization from the employee's supervisor. At the time of equipment assignment, an assignment certification form will be completed by each employee being assigned equipment, signed by the employee, approved and signed by the employee's supervisor, and approved and signed by the department head of the employee's department. Annually, with the department inventory, each department head will provide the Clerk of the Board of Commissioners a list of employees and equipment assigned to them. As an employee leaves County employment, he/she shall return all equipment, keys, and other property to his/her supervisor and the supervisor will sign the original assignment certification form that the employee has returned such equipment and other County property. In the event that County owned or leased property is not returned by an employee, the final paycheck of that employee will be held until such property is returned.

All County owned or leased equipment assigned to County personnel will be insured by Delaware County for both internal and external use. Employees shall report damages to equipment or lost or stolen equipment immediately to their supervisor. In the event of theft or vandalism, the employee shall also immediately report the theft or vandalism to the proper police agency and obtain a copy of the police report. In the event that an employee misplaces or intentionally misuses, damages, or steals equipment he/she will be held responsible for the cost of repair or replacement, and the employee will also be subject to the full spectrum of discipline, including dismissal.

## ***Equipment Assignment Certification***

Employee Name: \_\_\_\_\_ Office/Dept.: \_\_\_\_\_

Employee ID NO.: \_\_\_\_\_ Position: \_\_\_\_\_

**Equipment:**

**Use other side and/or additional sheets if necessary to list all equipment**

Supervisor authorizes to remove from workplace (S.A.T.R) *Supervisor must initial S.A.T.R line*  
S.A.T.R.

\_\_\_\_ Automobile: Serial #: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

\_\_\_\_ Computer: Serial #: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

\_\_\_\_ Other Data Processing Hardware: \_\_\_\_\_

\_\_\_\_ Data Processing Software: \_\_\_\_\_

\_\_\_\_ Cellular Phone: Serial #: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

\_\_\_\_ Portable Radios: Serial #: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

\_\_\_\_ Pagers: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

\_\_\_\_ Handtools: \_\_\_\_\_

\_\_\_\_ Power Tools: \_\_\_\_\_

\_\_\_\_ Other Equipment: \_\_\_\_\_

\_\_\_\_ Keys/Security Cards: Building: \_\_\_\_\_

\_\_\_\_ Employee Identification Cards/ Badges/ Uniforms \_\_\_\_\_

I have received a copy of the Delaware County Policy on Assignment and Use of Equipment and understand and agree with this policy. I have received all equipment checked and listed above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Equipment Returned: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Equipment Not Returned: \_\_\_\_\_

