

CONSOLIDATED NUCLEAR SECURITY, LLC (CNS) SUBCONTRACTOR-HELD PROPERTY MANAGEMENT
LOST PROPERTY FORM

Consolidated Nuclear Security, LLC (CNS) Subcontract Property
P.O. Box 2009
Oak Ridge, TN 37831-8043

Fax: (865) 574-0049
E-mail: hatfieldbb@y12.doe.gov

| | |
|-----------------------|-------------------------------------|
| NAME OF SUBCONTRACTOR | COMPLETED BY (PRINT NAME AND TITLE) |
| SUBCONTRACT NO. | DATE COMPLETED |

Instructions: Complete and submit (1) Property loss Form (UCN-21044) and (2) Transmittal Form (UCN-21042) to: Consolidated Nuclear Security, LLC (CNS) Subcontract Property.

| Property Item Attributes | | |
|--------------------------|----|---|
| Your Property No. | | |
| Y-12 Property No. | | |
| Description | | |
| Manufacturer | | |
| Model No. | | |
| Serial No. | | |
| Acquisition Date | | |
| Acquisition Cost | | |
| Condition | | |
| Location | | |
| Yes | No | Have you completed the following: |
| | | 1. Questioned all employees working in the vicinity of the lost property? |
| | | 2. Questioned employees who may have used the property in another location? |
| | | 3. Searched offices and storage areas in the vicinity? |
| | | 4. Searched shipping docks in the vicinity? |

5. Briefly explain the circumstances of how and when the property was lost.

6. Do you feel this loss reflects the effectiveness of your Property Management System?

☐ YES ☐ NO

If yes, please state remedy(ies) and expected completion date for remedy(ies) to be implemented.