DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

I	CP PI	HYSICAL INVE	NTORY PREPARA	ATION AN	D COUNT PHASE CHECKLIS	ST.	
Date		HQ Representative			ICP		
QTR		FY	Inventory Start Date	Type and M	ethod of Inventory		
Reference: (a) Unifo	orm Supply Operation	ns manual, COMDTINST	M4121.4, Ch	papter 16.		
 Chec Com 	ck the "` ments a	YES" or "NO" answer are required for nega		ncies.	ed (see last page).		
GENERAL	AL REQUIREMENTS					Yes	No
Para. G.1		the ICP have docume mmand?	ented processes and pro	cedures comp	pliant with USO policy and endorsed by		
Para. G.2, Para. G.3			with scheduling requirem				
Para. G.4	With respect to this physical inventory date, is there evidence the ICP has physical inventory documentation dating back for 3 years plus the current fiscal year?						
Para. G.5	Has th	e ICP developed off-	line procedures for rece	iving material	and processing emergency issues?		
PREPARA	TIONS	1				Yes	No
Para. G.6	Are th	ere any discrepancie	s with storage preparation	ons?			
Para. G.7	Are there any discrepancies with the following data preparations:					Yes	No
	Record-to-Floor?						
		Floor-To-Record	l?				
Para. G.8	Are there any discrepancies with the following inventory team preparations:					Yes	No
	Responsibilities assigned in writing?						
	Evidence there has been reviews or training?						
Para. G.9	Are there any discrepancies with the following count sheet preparations:					Yes	No
	Record-to-Floor?						
	Floor-To-Record?						
	Receiving and Shipping?						
COUNT PH	IASE					Yes	No
Para.	Are th	e following count req	uirements being met for	the Record-to	-Floor inventory count:		
G.10a		The touch method	od of counting?				
	Notations of discrepancies (if applicable)?						
	Weight and measure testing (if applicable)?						
	Signatures and dates on count sheets?						
	Are you signing count sheets?						
	Is the ICO maintaining positive control of the count sheets?						
	Is the ICO verifying the count sheets are complete?						
		If the 1st count of	does not match are 2nd o	count teams be	eing assigned?		

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COUNT PI	HASE	· ·	Yes	No	
Para. G.10b	Are the following count requirement	ents being met for the Floor-To-Record inventory count?			
G. 10b	The touch method of counting?				
	Notations of discrepancies (if applicable)?				
	Weight and measure testing (if applicable)?				
	Signatures and da	ates on count sheets?			
	Are you signing count sheets?				
	Is the ICO maintaining positive control of the count sheets?				
	Is the ICO verifying the count sheets are complete?				
	If the 1st count does not match are 2nd count teams being assigned?				
Para. G.10c	Write the NSN/ACN for the items	you have selected from the Receiving area below:			
	Have any of the items you selected been receipted for in the ICPs inventory management system?				
Dana	-				
Para. G.10c	, , , , , , , , , , , , , , , , , , , ,				
		still listed as being on-the-shelf in the ICPs inventory management	Yes	No	
	system? COMMENTS, DISCREPANCI				
The followi	ng personnel must sign and date	e this form upon completion of the count phase.			
Inventory Co	ontrol Officer: (printed)	Date			
	(signed)	Data			
Remarks:	(signed)	Date		_	
ICP Comptr	oller: (printed)	Date			
	(airmad)	Data	Date		
Remarks:	(signed)	Date		_	
HQ Observe	er: (printed)	Date	Date		
	(pigned)		Date		
Remarks:					

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ICP FINAL PHYSICAL INVENTORY REPORT CHECKLIST								
Date		HQ Program Office						
QTR		FY	Program Representative					
Reference: (a) Uniform Supply Operations manual, COMDTINST M4121.4, Chapter 16.								
Instructions: This form is to be used when reviewing an ICPs' physical inventory report. 1. Check the "N/A", "YES" or "NO" answers in each block. 2. If you answer "NO" provide comments. 3. This form shall not be considered complete unless it is signed and dated (see last page)								
RECONCILI	ATIO	N AND REPORTS			N/A	Yes	No	
Para. G.11a	If app	plicable, were there	any gains or losses?					
Para. G.11b	If app	plicable, is there evid	lence Reports of Survey are underway?					
Para. G.11c	If app	plicable, is there evid	lence of reconciliation documentation?					
Para. G.12d	Have	e the accuracy goals	been achieved?		•			
Para. G.12e	Has the report been submitted on time or within an authorized extended time?							
Para. G.12f	Does the report have all of the required information?							
Para. G.12g	12g Are there any corrective actions?							
Sign and date this form upon completion of the review.								
Program Manager: (printed)		Date						
		(signed)						

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