

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

ICP PHYSICAL INVENTORY PREPARATION AND COUNT PHASE CHECKLIST

Date	HQ Representative	ICP	
QTR	FY	Inventory Start Date	Type and Method of Inventory

Reference: (a) Uniform Supply Operations manual, COMDTINST M4121.4, Chapter 16.

Instructions: This form is to be used when observing the preparation and count phases of an ICP physical inventory.
 1. Check the "YES" or "NO" answers in each block.
 2. Comments are required for negative answers or discrepancies.
 3. This form shall not be considered complete unless it is signed and dated (*see last page*).

GENERAL REQUIREMENTS		Yes	No
Para. G.1	Does the ICP have documented processes and procedures compliant with USO policy and endorsed by the command?	<input type="checkbox"/>	<input type="checkbox"/>
Para. G.2, Para. G.3	Is the inventory compliant with scheduling requirements?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Para. G.5	Has the ICP developed off-line procedures for receiving material and processing emergency issues?	<input type="checkbox"/>	<input type="checkbox"/>
PREPARATIONS		Yes	No
Para. G.6	Are there any discrepancies with storage preparations?	<input type="checkbox"/>	<input type="checkbox"/>
Para. G.7	Are there any discrepancies with the following data preparations:	Yes	No
	Record-to-Floor?	<input type="checkbox"/>	<input type="checkbox"/>
	Floor-To-Record?	<input type="checkbox"/>	<input type="checkbox"/>
Para. G.8	Are there any discrepancies with the following inventory team preparations:	Yes	No
	Responsibilities assigned in writing?	<input type="checkbox"/>	<input type="checkbox"/>
	Evidence there has been reviews or training?	<input type="checkbox"/>	<input type="checkbox"/>
Para. G.9	Are there any discrepancies with the following count sheet preparations:	Yes	No
	Record-to-Floor?	<input type="checkbox"/>	<input type="checkbox"/>
	Floor-To-Record?	<input type="checkbox"/>	<input type="checkbox"/>
	Receiving and Shipping?	<input type="checkbox"/>	<input type="checkbox"/>
COUNT PHASE		Yes	No
Para. G.10a	Are the following count requirements being met for the Record-to-Floor inventory count:		
	The touch method of counting?	<input type="checkbox"/>	<input type="checkbox"/>
	Notations of discrepancies (<i>if applicable</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
	Weight and measure testing (<i>if applicable</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
	Signatures and dates on count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you signing count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the ICO maintaining positive control of the count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the ICO verifying the count sheets are complete?	<input type="checkbox"/>	<input type="checkbox"/>
If the 1st count does not match are 2nd count teams being assigned?	<input type="checkbox"/>	<input type="checkbox"/>	



COUNT PHASE		Yes	No
Para. G.10b	Are the following count requirements being met for the Floor-To-Record inventory count?		
	The touch method of counting?	<input type="checkbox"/>	<input type="checkbox"/>
	Notations of discrepancies <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
	Weight and measure testing <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
	Signatures and dates on count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you signing count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the ICO maintaining positive control of the count sheets?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the ICO verifying the count sheets are complete?	<input type="checkbox"/>	<input type="checkbox"/>
	If the 1st count does not match are 2nd count teams being assigned?	<input type="checkbox"/>	<input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Para. G.10c	Write the NSN/ACN for the items you have selected from the Shipping area below:		
	Are any of the items you selected still listed as being on-the-shelf in the ICPs inventory management system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GENERAL COMMENTS, DISCREPANCIES, OR OBSERVATIONS			
<i>The following personnel must sign and date this form upon completion of the count phase.</i>			
Inventory Control Officer:	<i>(printed)</i> _____	Date _____	
	<i>(signed)</i> _____	Date _____	
Remarks:			
ICP Comptroller:	<i>(printed)</i> _____	Date _____	
	<i>(signed)</i> _____	Date _____	
Remarks:			
HQ Observer:	<i>(printed)</i> _____	Date _____	
	<i>(signed)</i> _____	Date _____	
Remarks:			



