

User Guide SM-02: Annual Real Property Inventory Inspection, Update and Certification

I. Overview

To meet federal reporting requirements, each station is required to annually validate the contents of their Real Property Inventory (RPI). This entails visually confirming the existence of each RPI asset on the ground and ensuring that it is accurately listed in the inventory.

The Financial and Business Management System (FBMS) is the database of record for the RPI. Only regional office (RO) and headquarters (HQ) personnel have the roles necessary in FBMS to edit RPI records. The Service Asset Maintenance and Management System (SAMMS) is synched with FBMS; SAMMS is the only database that contains information on asset components or sub-assets.

Near the end of each fiscal year, the RO will make available to each station a list of the station's inventory, including the attributes of each asset to be verified. Station personnel review the inventory, note any corrections needed, and return the corrected list to the RO to complete any needed updates. The station manager or project leader must also sign a statement (an "Annual RPI Update Certification" form) attesting to the accuracy of the inventory. This signed statement must accompany a copy of the corrected inventory.

II. Process

- A. RO facility personnel download each station's RPI and email it, with an "Annual RPI Update Certification" form (see Attachment 1), to the station manager or project leader.
- B. Station personnel review the spreadsheet, and visually verify that all assets listed are in existence on the ground and described correctly. (The RO may request special attention to specific attributes, depending on direction from the Department.)
 1. **Corrections or changes to an asset or its attributes.** Make corrections or changes to the spreadsheet, and highlight them, so that the RO will know what needs to be changed in the inventory.
 2. **Deletions from the inventory.** If you discover that an asset no longer exists on the ground but still appears on the RPI, fill out and submit a DI-103a (Attachment 2) with a "Statement of Circumstances" to document disposal of the asset. (Further instruction on disposals can be found in User Guide SM-05: "Disposal Process for Real Property Assets.")
 3. **Additions.** If you discover an asset with a replacement value of \$5,000 or more that does not appear on your station's RPI, complete the "New Asset Template" (See Attachment 3) and submit it to your regional facilities office.
 4. **Note:** Addition and deletion of assets will affect the settlement of costs to the station's annual O&M work order(s) in FBMS. Station managers should consult with their regional Asset Management Coordinator (AMC) to ensure that the distribution of costs across all assets will still equal 100%.
- C. Stations create an "Inspection Annual Condition Assessment" (INAC) work order in SAMMS to document completion of the annual assessment. Any major deficiencies *that were not already identified during the station's last Comprehensive Condition Assessment* should be documented in the description block of the INAC. (Refer to Attachment 4.)
- D. The station manager or project leader signs the "Annual RPI Update Certification" form and emails a scanned copy, along with a scanned copy of the station's corrected inventory, to the regional facilities operations office.

Region ____
Annual RPI Update Certification
Fiscal Year 20__

As Project Leader/Complex Manager/Field Station Manager, I certify that an on-site existence survey has been conducted at my field station(s) and I have verified the existence and accuracy of all items listed on my station's Real Property Inventory (RPI).

A list of my RPI records is attached.

Complex/Field Station Name: _____

Organization Code: _____

Date of Completion: _____

Project Leader/Complex Manager/
Field Station Manager (print) _____

Project Leader/Complex Manager/
Field Station Manager (signature) _____

When complete, please scan and email with your inventory to your Regional Facility Management and Operations Office.

UNITED STATES DEPARTMENT OF THE INTERIOR CERTIFICATE OF UNSERVICEABLE PROPERTY May only be used when property is unserviceable through fair wear and tear; there are no apparent property irregularities; no need to determine employee financial liability; no possible claims against the Government; firearms and weapons, ammunition, hazardous materials, controlled substances, explosives, or museum property are not included.	Page _____ of _____ Certificate No. _____ Date _____
--	--

A. Originating Office and Telephone No. (include area code)	Accountable Office and Location
--	--

Identified Item(s) are: Unserviceable Obsolete Other (specify)

STATEMENT OF CIRCUMSTANCES INVOLVING THE IDENTIFIED PROPERTY MUST BE ATTACHED

ITEM NO.	QUANTITY OR PROPERTY ID NO.	ITEM DESCRIPTION	ORIGINAL ACQUISITION COST (OAC)	CONDITION CODE (See Reverse)	ESTIMATED VALUE

B. Recommended disposition (check one): Repair / Reutilization Sale / Trade-in Salvage Scrap / Destruction Abandon Other (specify):

To the best of my knowledge the attached statement of circumstances is correct and recommendations are in the best interest of the Government.

Signature of Cognizant Employee:	Date:	Signature of Custodial Officer:	Date:
Property Staff Recommendations:	Signature:	Date:	Signature of Accountable Officer:

C. Reviewing Authority: Approved Disapproved
 Comments Attached

Signature: _____ Date: _____

D. Certificate of destruction: I certify that the Item(s) No.(s) _____ listed above has been destroyed.

Official Responsible for Destruction:	Title:	Signature:	Date:
Witness Name:	Title:	Signature:	Date:

E. Adjustment to property records (Property Official Signature):	Date Completed:	Financial Official (If Required):	Date Completed:
---	-----------------	-----------------------------------	-----------------

CONDITION CODES

- 1 = Unused—good
- 2 = Unused—fair
- 3 = Unused—poor
- 4 = Used—good
- 5 = Used—fair
- 6 = Used—poor
- 7 = Repairs required—good (less than 15% of Original Acquisition Cost (OAC) required).
- 8 = Repairs required—fair (16-40% of OAC required).
- 9 = Repairs required—poor (41-65% of OAC required).
- X = Salvage—Repair exceeds 65% of OAC, but parts have remaining value making cannibalization cost effective.
- S = Scrap—there is no remaining value except for basic material content.

DI-103A
(Rev 6/88)

UNITED STATES
DEPARTMENT OF THE INTERIOR

Page 1 of 1

CERTIFICATE OF UNSERVICEABLE PROPERTY

Certificate No

May only be used when property is unserviceable through fair wear and tear, there are no apparent property irregularities, no need to determine employee financial liability, no possible claims against the Government, firearms and weapons, ammunition, hazardous materials, controlled substances, explosives, or museum property are not included

Date

08/2/2012

A. Originating Office and Telephone No (include area code,

Sacramento NWRC
(530) 934-2801

Accountable Office and Location

Sacramento NWRC
81620

Identified Item(s) are:

Unserviceable Obsolete Other (specify)

STATEMENT OF CIRCUMSTANCES INVOLVING THE IDENTIFIED PROPERTY MUST BE ATTACHED

ITEM NO	QUANTITY OR PROPERTY ID NO	ITEM DESCRIPTION	ORIGINAL ACQUISITION COST (OAC)	CONDITION CODE (See Reverse)	ESTIMATED VALUE
1	10000306	Oil/Paint Storage Building (1314001000182520000005) constructed in 1957. Building fails environmental audits & contains asbestos and lead-based paint.	unknown	S	

B. Recommended disposition (check one) Repair / Reutilization Sale / Trade-in Salvage Scrap / Destruction Abandon Other (specify)

To the best of my knowledge the attached statement of circumstances is correct and recommendations are in the best interest of the Government

Signature of Cognizant Employee

[Signature]

Date:

8/2/2012

Signature of Custodial Officer

[Signature]

Date:

8/2/12

Property Staff Recommendation

WARRANT STATEMENT OF CIRCUMSTANCES

Signature

[Signature]

Date:

27 Aug 2012

Signature of Accountable Officer

[Signature]

Date:

8/2/12

C. Reviewing Authority Approved Disapproved

Comments Attached

Signature:

[Signature]
Margaret T. Kolar

Date:

8/29/12

D. Certificate of destruction I certify that the Item(s) No.(s)

1

listed above

ARD, Refuges, Region 8

Official Responsible for Destruction

[Signature]
Christopher L. Leane

Witness Name

Steven R. Emmons

Date:

Work leader

Date:

Wildlife Refuge Manager

Signature

[Signature]
Christopher L. Leane

Signature

[Signature]

Date:

10/30/2012

Date:

10/30/2012

E. Adjustment to property records (Property Official Signature)

Date Completed: Financial Official (if Required)

Date Completed

REAL PROPERTY ADDITION FORM 	1 ACQUISITION TYPE:		SELECT ONE		Please email this completed form with a photo of the asset to your regional facilities operations office.
	2 ORGCODE / STATION:		SELECT ONE		
	3 COUNTY:		Select county of asset's location		
	ASSET NUMBER:		(Regional Office will enter)		
4 Is construction of the asset complete?	YES/NO	→	Station's FBMS Business entity:		
If no, estimated construction completion date:			Station's FBMS Cost Center/Fund Center:		
5 Is the Engineering Division involved?	YES/NO		Default WBS for asset:		
6 (Estimated) Acquisition Date:	ENTER DATE				
7 Does this asset replace an existing asset?	YES/NO	If yes →	7a Asset # of the asset being replaced:		
8 Was the asset acquired with land?	YES/NO		9 Farm Service Agency Property?	YES/NO	
10 New Property Description:	Enter a description of this asset as you wish it to appear in the Real Property Inventory (RPI). Be sure your description differentiates this asset from other like assets in your inventory.				
11 DOI Asset Type:	SELECT ONE		11a For ALL buildings, indicate the meter status for electricity, water, and natural gas:		
12 Method of Measurement:	SELECT ONE		Electric meter:		SELECT ONE
13 Primary Unit of Measurement:	SELECT ONE		Water:		SELECT ONE
14 Primary Quantity of Measurement:	ENTER		Natural gas:		SELECT ONE
15 Quantity or Measurement 2:	ENTER		16a For non-buildings that consume electricity, indicate the electric meter status:		
16 Energy Use?	YES/NO		Electric meter:		SELECT ONE
17 Does the asset employ alternate energy?	YES/NO				
17a If alternate energy is used, describe the alternate energy system:	(See examples at bottom of form.)				
18 Predominant Construction Material:	SELECT ONE		19a If asset is in use by another entity, name that entity:		
19 Outgrant Indicator:	YES/NO				
20 GSA Status:	SELECT ONE				
21 Historical Criteria:	SELECT ONE				
22 Public Use?	YES/NO		23 Does FWS own this asset?	YES/NO	
24 Disabled Access?	YES/NO		23a If no, who is the owner?		
25 <u>Coordinates of asset</u> (in decimal degrees)					
Start Latitude:		.			
Start Longitude:		.			
26 <u>Asset Priority Index (API)</u>:					
Mission Dependency:	SELECT ONE				
Substitutability:	SELECT ONE				
27 Utilization Code and Rate (Buildings Only):	SELECT ONE		28 Enter utilization rate %:		
RESTRICTIONS					
29a Environment Restrictions	YES/NO		29b Natural Resource Restrictions	YES/NO	
29c Cultural Resource Restrictions	YES/NO		29d Developmental Restrictions	YES/NO	
29e Reversionary Clauses from Deed	YES/NO		29f Zoning Restrictions	YES/NO	
29g Easements	YES/NO		29h Right-of-Way	YES/NO	
29i Mineral Interests	YES/NO		29j Water Rights	YES/NO	
29k Air Rights	YES/NO		29L Other restrictions	YES/NO	
29m Not Applicable (no restrictions)	YES/NO				
For Completion by FMC:					
Estimated Base Replacement Cost (CRV):	ENTER COST		Base Year:	ENTER YEAR	
For Completion by Finance:					
Construction Year:	ENTER DATE		Actual Acquisition Date:	ENTER DATE	

You are required to provide photo documentation of the asset. Please paste the photo here:

Creating an Annual Condition Assessment Work Order (INAC) in SAMMS

I. [Intro/Background](#)

Accounts in the SAMMS database are created by the SAMMS Coordinator in Headquarters at the request of the Regional Office (generally the Asset Management Coordinator or AMC). All users must submit a signed "Password Control Document" (see Appendix 1) in order to establish an account.

II. [How to Log In](#)

Go to <http://samms.fws.gov/maximo>. You will see a screen with blanks to fill in for your user name and password.

- A. Enter your SAMMS user name. Your **user name** is one word, all lower-case, no longer than eight letters. It's generally your last name followed by the first initial of your first name. Longer last names are truncated to seven letters.
- B. Enter your password. Passwords are self-chosen, a minimum of 12 characters in length, with at least one number and one special character.

Three consecutive unsuccessful log-in attempts will block you from the system. Don't panic. Contact your Regional Coordinator, who can unblock your account. If you have forgotten your password, your regional coordinator can reset your password and send you a new one. (You will need to change this password as soon as you log in.) If you are blocked out while your Regional Coordinator is unavailable, contact the SAMMS Help Desk at headquarters.

A successful log in will bring you to the Start Center Welcome Page:

The screenshot displays the SAMMS Start Center interface. At the top, the browser address bar shows the URL <https://samms.fws.gov/maximo/ui/?event=loadapp&lva>. The page header includes a navigation menu with options like Administration, Maintenance, Go To, Reports, Start Center, Profile, Sign Out, and Help. Below the header, there are several portlets:

- Favorite Applications:** A list of application categories including Assets, Bulletin Board, Database Configuration, Application Designer, Domains, KPI Manager, Labor, Labor Reporting, Organizations, Quick Reporting, Security Groups, Service Requests, and Work Orders.
- Bulletin Board:** A table with columns for Subject, Message, Post Date, Expiration Date, and Viewed. It contains several messages, such as "Please Use the Service Request Appl...", "Training Materials - updated - 6/15...", "New User access", "How to get emails regarding SAMMS m...", "Keyboard Shortcuts", and "FAQ - no results? Why".
- Result Set:** A section for displaying data results, currently empty.
- KPI List:** A section indicating that the KPI list has not been set up.
- KPI Graph:** A section indicating that the KPI graph has not been set up.

Note: Do **not** use your Internet Explorer "back arrow" (shown below) if SAMMS hangs up:

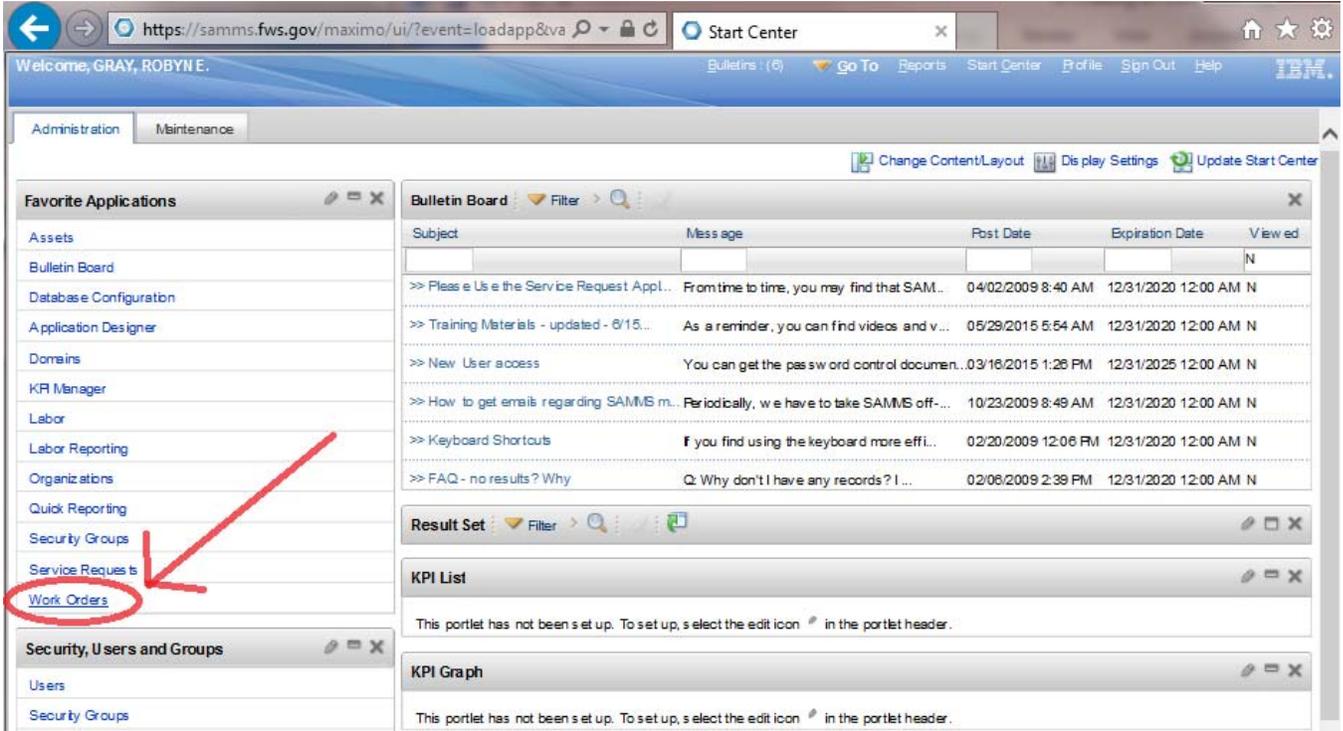


More often than not, you will lose info and be booted from the system.

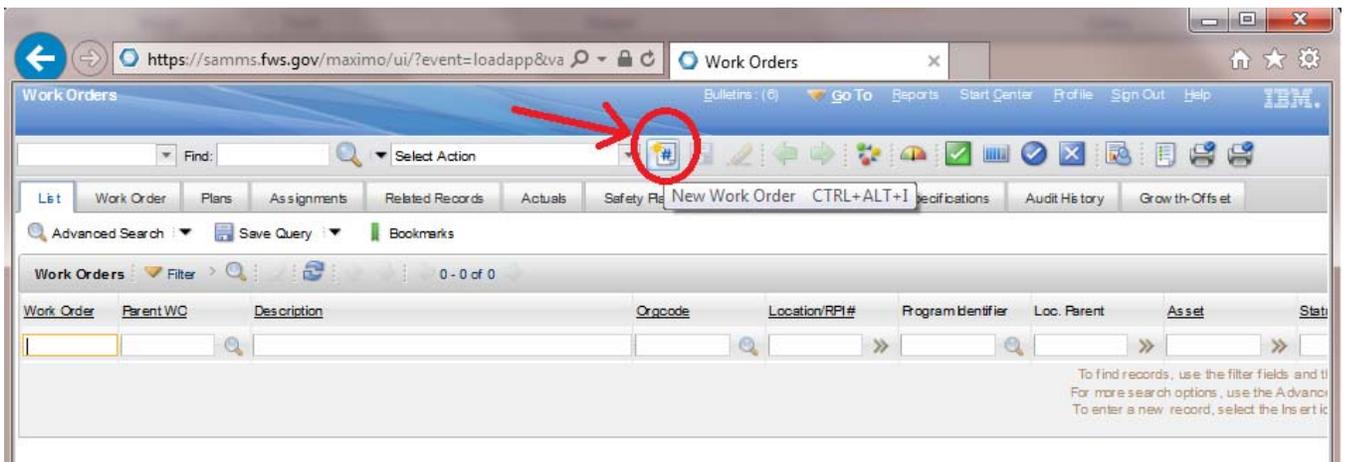
Creating an Annual Condition Assessment Work Order (INAC) in SAMMS

III. Creating a New Work Order

A. From the Welcome page, click on “Work Orders”:



B. The Work Order list screen appears. Click on the “New Work Order” icon. It looks like a page with a number sign:



Creating an Annual Condition Assessment Work Order (INAC) in SAMMS

C. The work order tab will open to a new, blank work order screen. Fill in the following fields as numbered in the screen print below:

- 1) Title of the work order. The suggested naming convention is “FY __ Annual Assessment of Name of NWR (3-letter station code)”.
- 2) Location/RPI # -- enter the org code of the station.
- 3) Work Type – enter “IN” (for inspection)
- 4) Sub-Work Type – enter “INAC” (for Inspection, Annual Condition)

The screenshot shows the SAMMS Work Orders interface. The browser address bar displays <https://samms.fws.gov/maximo/ui/?event=loadapp&value=wc>. The page title is "Work Orders". The navigation menu includes "List", "Work Order", "Plans", "Assignments", "Related Records", "Actuals", "Safety Plan", "Log", "Failure Reporting", "Specifications", "Audit History", and "Growth-Offsets". The main content area shows a new work order form with the following fields and values:

- Work Order: 2016272378
- Location/RPI #: 81710
- FBMS Property ID: [Redacted]
- Business Entity: [Redacted]
- Building: [Redacted]
- Parent: [Redacted]
- Asset: [Redacted]
- Asset Code: [Redacted]
- Parent WO: [Redacted]
- Orgcode: [Redacted]
- Program Identifier: [Redacted]
- Site: R9
- Class: WORKORDER
- Work Type: IN
- Sub Work Type: NAC
- Warranty Expiration Date: [Redacted]
- Regional Rank: [Redacted]
- Station Rank: [Redacted]
- Attachments: [Icon]
- Status: WAPPR
- Status Date: 11/09/2015 12:05 PM
- Inherit Status Changes? [Checked]
- Accepts Charges? [Checked]
- Is Task? [Unchecked]
- FBMS Relevant: N

Red annotations in the screenshot include:

- 1: A red circle around the title field containing "FY 16 Annual Assessment of Stone Lakes NWR (SLW)".
- 2: A red circle around the Location/RPI # field containing "81710".
- 3: A red circle around the Work Type field containing "IN".
- 4: A red circle around the Sub Work Type field containing "NAC".

D. At the end of the title field, where you've named the work order, click on the icon that looks like a piece of paper. This will take you to a large text field where you can enter any pertinent information from the assessment. Be sure to click save when you are done!

This is a close-up screenshot of the SAMMS Work Orders interface, focusing on the title field. The title field contains "FY 16 Annual Assessment of Stone Lakes NWR (SLW)". A red circle highlights the title field, and a red arrow points to a document icon (a piece of paper) located at the end of the title field. The Location/RPI # field is also circled in red.

Print Form

U.S. Fish and Wildlife Service Password Control Document

I, the undersigned Employee, have read and/or been briefed on proper utilization of the passwords provided for access to the system listed below and accept the conditions as stated. I understand that it is my responsibility to protect my password from loss or disclosure and to change it in accordance with system guidelines. I understand that my password may be considered a legal signature and that I may be held accountable for any system activities that occur against it. I also agree to abide by all Rules of Behavior for this system provided by the system owner or manager as a condition of access to the system.

General Information	
Employee Name: <input type="text"/>	Organization: <input type="text"/>
Employee Signature: <input type="text"/>	Date: <input type="text"/>
Type of employee: <input type="checkbox"/> Federal <input type="checkbox"/> Contractor <input type="checkbox"/> Other (specify) <input type="text"/>	
Supervisor Name: <input type="text"/>	Station Org. Code: <input type="text"/>
Supervisor Signature: <input type="text"/>	Date: <input type="text"/>
Training completed / to be completed on (circle one)	Date: <input type="text"/>
System to which access is requested : Service Asset and Maintenance Management System (SAMMS)	
Reason for access: <input type="text"/>	<input type="text"/>
A. Select level of access (select HPO/SO only for Regional users): for read-only use 'Other'	
<input type="checkbox"/> Field Station <input type="checkbox"/> Reg. Ofc. <input type="checkbox"/> Reg. Coord. <input type="checkbox"/> Budget/Finance Office <input type="checkbox"/> Historic Preservation Office <input type="checkbox"/> Safety Office <input type="checkbox"/> Other (specify) <input type="text"/>	
B. Select area of access (Financial limited to Regional/National)	
<input type="checkbox"/> RPI (Field/Project Leaders) <input type="checkbox"/> RPI (Regional/National) <input type="checkbox"/> Financial (Regional/National)	
Access Approval by System Owner or Manager	
Name: John K Dyer	Organizational Title: NWRS - System Manager
Signature: <input type="text"/>	Date: <input type="text"/>
SAMMS Login ID: <input type="text"/>	<input type="text"/>
Comments: <input type="text"/>	<input type="text"/>
Termination of Access	
Employee	System Owner or Manager
Date: <input type="text"/>	Date: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>

Instructions: This form is required by Service Manual 270 FW 7 and should be submitted for every user who requests access to an Automated Information System that requires user authentication to gain access. Supervisors should fill out and sign the form, have their employee sign, attach a copy of the employee's current "Statement of Responsibility" form, and submit to the system manager for approval. The system owner or manager should provide the user with any system-specific Rules of Behavior. Upon approval of the application, the system owner will provide a copy of the password control document to the user's Installation Information Technology Security Manager (IITSM). When access to a system is no longer required, including transfer or departure of an employee, the supervisor will notify the IITSM, who will in turn notify the system owner of each system for which that employee has a system application on file. System owners and IITSMs will enter on this form the date that access was removed and retain the information for one year.