

VEHICLE/EQUIPMENT INVENTORY - JUSTIFICATION

MSFC NUMBER:	NOMENCLATURE:	DATE:
FY/MILES-HOURS OPERATED:	FY-TO-DATE OPERATING COST:	ORGANIZATION MAIL CODE:

TO BE COMPLETED BY USER
(All items below must be completed)

1. ORGANIZATION (Correct, if necessary): OFFICE SYMBOL: _____ POOLED: <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ESTIMATED MONTHLY MILES/HOURS: 3. ESTIMATED MONTHLY PASSENGERS: 4. NUMBER OF POTENTIAL USERS:
5. NUMBER & TYPE OF SIMILAR VEHICLE/EQUIPMENT SUPPORTING SAME AREA/PROGRAM: (List by MSFC Number)	6. VEHICLE LOCATION (Building Number): 7. LIST WORK-SHIFT DUTY HOURS:

8. EXPLAIN WORK ASSIGNMENT OF VEHICLE/EQUIPMENT:

9. IS VEHICLE EQUIPPED FOR SPECIAL USE? YES NO
 DESCRIBE SPECIAL FEATURES:

10. FREQUENCY OF TRIPS _____ LENGTH OF TRIPS _____ MILES	11. TYPE AND SIZE OF CARGO TO BE TRANSPORTED/HANDLED:
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12. WHAT CONTROLS WILL BE USED TO ASSURE PROPER UTILIZATION?

13. PROGRAM/MISSION IMPACT IF NOT RETAINED:

14. REASON WHY TAXI OR POOL VEHICLE/EQUIPMENT CANNOT SATISFY REQUIREMENTS:

15. ESTIMATED DATE VEHICLE/EQUIPMENT WILL BE RETURNED TO CENTRAL POOL:

16. SIGNATURE OF RESPONSIBLE OFFICER:	DATE:	17. SIGNATURE OF VEHICLE COORDINATOR:	DATE:
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INSTRUCTIONS FOR COMPLETING MSFC FORM 378

- Block 1: Using organization. Include organization code.
- Block 2: Estimate hours/miles should be realistic. For example, do not enter 400 miles if total FY mileage is only 1500 miles.
- Block 3-6: Self-explanatory.
- Block 7: Be sure to note work done outside normal duty hours.
- Block 8: Explain work assignment of vehicle/equipment:
Briefly tell what you use the vehicle for.
- Block 9: Is vehicle equipped for special use? Describe special features:
If first part of question is answered affirmatively, describe special equipment or fixtures mounted on equipment. If vehicle/equipment is one of a kind, so state.
- Block 10: Frequency/length of trips: How many times a day is the vehicle used and approximate mileage of each trip.
- Block 11: Type and size of cargo to be transported/handled:
Self-explanatory.
- Block 12: What controls will be used to assure proper utilization:
Explain use of dispatch log, ignition key control, signed authorization, odometer checks, etc.
- Block 13: Program/ mission impact if not retained:
What program/mission does this vehicle/equipment support and what would be the effect if the vehicle/equipment was not available for return to a center pool.
- Block 14: Reason why taxi or pool vehicle/equipment cannot satisfy requirements:
Note if quick reaction is required, tools and equipment carried, trips off Center or to remote locations.
- Block 15: Enter approximate date program/mission supported will end and vehicle/equipment will be available for return to a central pool.
- Block 16: Signature of appointed Transportation Representative.
- Block 17: Signature of appointed Vehicle Coordinator.