

ADJUSTMENTS TO STATE-OWNED ASSETS

CO-853 Rev. 7/2024
Initial Notification Form



STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

AUTHORITY:

Sec. 4-33a. Illegal, irregular or unsafe handling of state or quasi-public agency funds. Breakdown in safekeeping of agency resources. Breach of security. Notification. All boards of trustees of state institutions, state department heads, boards, commissions, other state agencies responsible for state property and funds and quasi-public agencies, as defined in Section 1-120, shall promptly notify the Auditors of Public Accounts and the Comptroller of any (1) unauthorized, illegal, irregular or unsafe handling or expenditure of state or quasi-public agency funds, (2) breakdowns in the safekeeping of any other resources of the state or quasi-public agencies, (3) breach of security, as defined in Section 36a-701b, or (4) contemplated action to commit one of the acts listed in subdivisions (1) to (3), inclusive, of this section within their knowledge. In the case of such notification to the Auditors of Public Accounts, the auditors may permit aggregate reporting in a manner and at a schedule determined by the auditors.

NOTE: Once OSC reviews and approves this form, a confirmation email and SAM reference # will be sent to the reporter listed on the CO-853(a). Going forward this SAM reference # will need to be documented on all CO-853 pages submitted for that occurrence.

QUESTIONS: Central Accounts Payable Division, 165 Capitol Avenue, Hartford, CT 06106 OSC.CO-853@CT.GOV

INSTRUCTIONS:

1. **CO-853(a) - Initial Notification Form** - for an adjustment that must be made to state-owned real and personal property. This form must be submitted upon discovery of the occurrence for prompt reporting. Adjustments may include but are not limited to: theft, vandalism, lack of supporting documentation, criminal or malicious damage, missing items, spoiled or expired products, lost or misplaced funds, or items recovered. Notify local police, or, if applicable, local security division if loss is caused due to criminal activity.
2. Prepare and electronically submit the form to OSC.CO-853@CT.GOV, with a Cc: to Auditors of Public Accounts at CO-853@CTAUDITORS.GOV and State Insurance and Risk Management Board at MELISSA.FRANK@CT.GOV & SHERRY-ANN.CHANCE@CT.GOV. Retain a copy for your file. Both the transferring and receiving agency should retain a copy for their file. This form must also be provided to the responsible party at the submitting agency (business office, Property Control Manager, etc.) **NOTE:** Once OSC reviews and approves this form, the Reporter listed on the form will receive a confirmation email and SAM Reference #. Going forward this SAM Reference # will need to be documented on all CO-853 pages or updates submitted for that occurrence.
3. Only one CO-853(a) is required per occurrence.
4. Options to choose as **Reason for Adjustment**: criminal or malicious damage, damage by wind, fire, or lightning, data breach, document the removal of any asset or inventory item that is not retired or surplus, expired, impairment, item recovered, loss of intangible property, missing property, missing/lost funds, obsolete, property damage, security breach, spoiled, theft, vandalism, other.
5. **CO-853(b) - Recovery/Resolution Form** - This may be submitted at a later date after all the details such as final cost, lost item recovered, etc. have been finalized.
6. **CO-853(IC) - Internal Controls Review Form** - This form is a supplemental form to be filled out when the agency has thoroughly reviewed the process that led to the occurrence, reviewed current internal controls in place and made revisions to the existing controls and/or implemented the new controls to preclude a recurrence of such incidents. This review may also come at the request of the OSC.
7. **CO-853(MA)- Multiple Asset Form** - This form is a supplemental form to be filled out if there any are additional items related to this occurrence.
8. **SUBMIT** and **CLEAR FORM** buttons have been added for your convenience. Once all required fields have been completed you can click the submit button which will automatically generate an email and attach the completed form to be sent to the correct agencies listed above.
9. Information regarding total vehicle loss, submission of 4-33a letters, and additional information and definitions can be found in Chapter 7 of the Property Control Manual.
10. Field Descriptions:
 - a. Agency Reference # - is a field that can be completed using information generated by the submitting agency.
 - b. SAM Reference # - will be assigned to the occurrence once the form (with required information completed) has been provided to OSC. The SAM Reference # will be sent back to the agency to use for future updates to the single occurrence.
 - c. Physical Location of State Property - to specify where on the site the asset is/was housed. For example: "3rd floor in storage room B"
 - d. Cost fields are defined as follows (For additional details see PCM Chapter 7):
 - i. Original Cost - original cost of the asset being adjusted
 - ii. Current Estimated Value - the current estimated value of the asset being adjusted
 - iii. Replacement/Repair Cost - the cost to replace or repair the asset
 - e. Reason for Delay in Reporting - to be completed if the occurrence is being reported to OSC more than 48 hours after the Date of Discovery.

ADJUSTMENTS TO STATE-OWNED ASSETS



DATE OF DISCOVERY

CO-853(a) Rev. 7/2024
Initial Report

AGENCY AND PROPERTY INFORMATION

AGENCY REFERENCE #	SAM REFERENCE #	
AGENCY NAME		
AGENCY STREET ADDRESS		TOWN
STREET ADDRESS OF PROPERTY PERTAINING TO ADJ.		TOWN
PHYSICAL LOCATION OF STATE PROPERTY		
WAS ACCESS TO THE PROPERTY RESTRICTED** IF YES, DESCRIBE	REASON FOR ADJUSTMENT IF OTHER, DESCRIBE	
BRIEF DESCRIPTION OF OCCURRENCE		

PROPERTY DESCRIPTION

BRIEF DESCRIPTION OF PROPERTY*

TAG # (if applicable)	<i>If multiple Tag#'s, fill out CO-853 (MA) and attach</i>
ORIGINAL COST	DATE OF PURCHASE
CURRENT ESTIMATED VALUE	
REPLACEMENT/REPAIR COST	(Make the necessary adjustments to your property control records as required)
REASON FOR DELAY OF REPORTING (if applicable)	

DID YOU PERFORM AN INTERNAL CONTROLS REVIEW?	<i>If "No", complete and submit a CO-853(IC) form</i>
WERE ANY INTERNAL CONTROL CHANGES PUT INTO PLACE DUE TO THIS EVENT?	<i>If "Yes", complete and submit a CO-853(IC) form</i>

LOCAL AUTHORITIES REFERENCE INFORMATION	POLICE REPORT WAS NOT REQUIRED/SUBMITTED FOR THIS OCCURRENCE.	
POLICE REPORT #	POLICE DEPT. (CITY/STATE) OF REPORTING OFFICER	
CASE #		

CONTACT INFORMATION

REPORTER NAME	EMAIL/PHONE	
UNIT SUPERVISOR NAME	TITLE	
SIGNATURE	EMAIL	DATE
PROPERTY CONTROL MANAGER NAME	TITLE	
SIGNATURE	EMAIL	DATE

Situation resolved, no further action needed at this time (If selected a CO-853(b) form is not required)

*For the purposes of this form, PROPERTY shall be defined as the item(s) being reported lost, damaged, or stolen.

**Restricted Property is property with limited or no public access