

Surplus or Disposal Form

To be completed by the Department requesting pick-up. If this equipment is associated with a hazardous material it must be certified by the Director of Environmental Health and Safety as rendered non-hazardous for disposal.

Date _____ **Dept/Unit/Name** _____ **Phone** _____

Item	Equipment Type Brand Name	Serial Number	Model Number	Service Type Render to Eliminate Hazardous Material
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name: _____ Signature: _____
Department Chairperson Department Chairperson

Name: _____ Signature: _____
Serviceperson Serviceperson

Name: _____ Signature: _____
Environmental Health and Safety Environmental Health and Safety

Procurement Services Use Only					
Name: _____ <small style="margin-left: 40px;">Director Procurement Services</small>			Signature: _____ <small style="margin-left: 40px;">Director Procurement Services</small>		
Item	Pick-up Location	Transport to Storage Location	Disposal Date	Auction Date	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					