PROPERTY CONTROL
CANNIBALIZATION REQUEST
Phone: (305) 348-2167 Fax: (305) 348-1936 property@fiu.edu

If is non media storage / computer equipment, please proceed to Section B.

SECTION A
In accordance with Media Sanitation Guidelines and Data Stewardship Procedures, (http://policies.fiu.edu/record_profile.php?id=560), the University requires that all media storage devices be sanitized prior to being surplused, donated, transferred or discarded. All media storage devices require a MSCID number be assigned for proof of sanitation compliance.

To obtain a MSCID number, please submit your request to: IT Security Office.

Sanitized By: ___________________________ Date: ________________

SECTION B
TO: Property Control Department
FROM: _______________________________

NAME PHONE EXTENSION ACTIVITY NBR / PROJECT NAME

ACCOUNTABLE OFFICER SIGNATURE

DATE: _______________________________

<table>
<thead>
<tr>
<th>Cost Center</th>
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<tbody>
<tr>
<td>Activity Nbr: _________ Cost PID: ______ Task: _____ Budget Ref: ______</td>
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Optional fields, use if applicable:
Cost PID - To track expenses related to faculty allocations.
Task - To track expenses that have a similar purpose as assigned, for example Critical Investments.
Budget Ref - To track specific years for Financial Aid and COM only.

OR

Project: _________ Fund: ______

Optional field, use if applicable:
Fund - To be used for Cost Share only

SUBJECT: REQUEST TO CANNIBALIZE UNIVERSITY PROPERTY
As accountable officer for property assigned to this unit, I hereby request permission to cannibalize the following property, which is described on the inventory as follows:

<table>
<thead>
<tr>
<th>FIU Tag No. *</th>
<th>Description</th>
<th>Condition</th>
<th>Serial Number</th>
<th>Location</th>
<th>MSCID#</th>
</tr>
</thead>
<tbody>
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*FIU tag should be removed form property and sent with this request.

Justification for Cannibalization _______________________________________________
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Prior approval from Risk Management & Environmental Health & Safety Department (EH&S) is required if the equipment contains any material which is regulated or that could be of health concern. Please contact (305) 348-2621 for EH&S related questions. Please review the Laboratory Relocation Guide (http://www.fiu.edu/~ehs/bio_chemical_safety/Lab_Relocation_Procedure.pdf).

Please check the appropriate Yes or No box. Does the equipment contain any of the following*?

- Radioactive materials
  - Yes □
  - No □
- Laser devices (Class 3B or 4)
  - Yes □
  - No □
- Hazardous chemicals
  - Yes □
  - No □
- Biohazardous materials (all types)
  - Yes □
  - No □
- Controlled substances
  - Yes □
  - No □

* If the answer is “Yes”, please attach EH&S Clearance Form

A Report of Survey Form needs to be attached for approval of Cannibalization

DO NOT WRITE BELOW THIS LINE

Property Control Approval Signature

__________________________________________ date ________________________________

Print Name ______________________________ Signature ___________________________