

**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: _____

Cost Center
Activity Nbr: _____ Cost PID: _____ Task: _____ Budget Ref: _____
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:

FIU Tag No. *	Description	Condition	Serial Number	Location	MSCID#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laser devices (Class 3B or 4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Biohazardous materials (all types)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controlled substances	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____

Print Name

Signature

Date