Property Control
REQUEST FOR SURPLUS / PICK-UP OF EQUIPMENT

Phone: (305) 348-2167 Fax: (305) 348-1936 E-mail: property@fiu.edu

For 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. This applies even if the storage medium is missing from the equipment, physical inspection still must occur. 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
Department / Project Name: ________________________________

<table>
<thead>
<tr>
<th>Cost Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Nbr: __________</td>
</tr>
</tbody>
</table>

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

Contact Person: ____________________________ Panther ID: ______ Phone: ________________

(Note: If the equipment listed is not at the location at pickup, this form is “VOID” a new form must be submitted.)

<table>
<thead>
<tr>
<th>Description</th>
<th>FIU Tag #</th>
<th>Pick-up Location</th>
<th>Serial Number</th>
<th>Destination</th>
<th>Working Condition</th>
<th>MSCID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
<td>_________</td>
<td>________________</td>
<td>____________</td>
<td>Surplus</td>
<td>Y / N</td>
<td>______</td>
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<tr>
<td>___________</td>
<td>_________</td>
<td>________________</td>
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<td>Y / N</td>
<td>______</td>
</tr>
</tbody>
</table>

(Attach additional sheets if required)

* Office of Research and Economic Development (ORED) - approval is REQUIRED for Grant Funded by Projects ONLY

Print Name _____________________________ Signature ________________________ Date___________
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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

AUTHORIZATION SIGNATURE

Date ______________________________

Expense Manager/ Project PI Print Name ___________________ Expense Manager / Project PI Signature ___________________