

Property Control

Phone: (305) 348-2167

Fax: (305) 348-2775

REQUEST FOR SURPLUS / PICK-UP OF EQUIPMENT

**This form is to be used only for items with Acquisition Cost over \$1,000
(FIU Property Tags)**

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

SECTION A

In accordance with Media Sanitation and Data Stewardship Policies, (<http://policies.fiu.edu/>), the University requires that all media storage devices be sanitized prior to being surplus, 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: dkitrell@fiu.edu

Sanitized By: _____ Date: _____

SECTION B

Department / Project Name: _____

Department / Project ID: _____

Contact Person: _____

Phone: _____

Description	FIU Tag #	Pick-up Location	Destination	MSCID#
			Surplus Warehouse	
			Surplus Warehouse	
			Surplus Warehouse	
			Surplus Warehouse	
			Surplus Warehouse	

(Attach additional sheets if required)

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

AUTHORIZATION SIGNATURE

Date _____

Department Manager/ Project PI Print Name

Department Manager / Project PI Signature