

Electronic Equipment (Not including Computers) Disposal Procedure / Form

Facilities Services, Housekeeping Department

Facilities Services, Housekeeping Department is authorized to dispose of the listed electronic equipment and verification is hereby given that the internal memory has been erased and or formatted on the listed equipment.

List each piece of equipment on a separate line

Description, model #	UI #, Serial # if no UI #	Erased / formatted by: (please initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The internal memory has been erased or formatted on the listed equipment to insure that hospital records and licensed software applications are not present in the equipment's memory. Bioengineering or other appropriate individuals with sufficient expertise have been consulted on equipment other than computers.

Date erased _____

Name of Department _____

Location removed from _____

Signature of request initiator _____ Phone# _____ Date _____

Signature of Department Director _____

(name)

(date)

(The following will be completed by Facilities Services, Housekeeping Department.)

Date move started: _____ Time move started: _____

Date move completed: _____ Time move completed: _____

Person(s) completing move: _____

Exceptions noted from the request: _____

(Original to Facilities Services Housekeeping Storage Office / Copy to Utility Crew Supervisor)