

Children's Memorial Hospital
Property Disposal Form
(To be used for equipment, furniture, etc.)

Asset disposal, Transfer or Storage: (To be completed by Department Project Lead)

a. Tag Number: _____ b. Item Description: _____
c. Purchase Date: _____ d. Location: _____
e. Manufacturer: _____ f. Serial/Model #: _____

Asset Disposal Options: (To be completed by Departmental Project Lead) – Select One

Note: Any checks from trade-ins or the sale of the item should be sent to Finance Box 268 for deposit. Please reference the asset information on each check to be deposited.

Scrap
 Donation
 Trade-in
 Transfer to another department
 Replacement
 Other

Scrap Date: _____
To: _____
Trade-in value? _____
Department: _____
Replace with: _____
Details: _____

Or

Sell To whom? _____ Amount of Sale: _____

Note: All assets being disposed of must be de-identified prior to the disposition of item.

De-identified by (Please print): _____ Date: _____

Approval for Disposal (Please print: Name and title): _____

Signature: _____ **Date:** _____

Please note all replacements need to be identified on the Capital Expenditure Request form in order to properly dispose of existing assets in our Asset Management System.

Finance: (To be filled out by Finance)

Asset Information:

Asset #: _____
Tag#: _____
Asset Life: _____

Financial Statistics:

Cost: _____
Book Value: _____
LTD Depr: _____
Loss on Disposal: _____
Gain on Trade-in: _____

Asset Management System:

Disposal Date: _____

Finance Approval: _____ Date: _____

Please forward completed form to Aileen Gutierrez in the accounting department via interoffice mail (Box 268), Fax (312-573-7841) or Email (agutierrez@childrensmemorial.org)

To be completed for CMRC Disposals only

BIO-HAZARD DECONTAMINATION CERTIFICATION

I certify that I am authorized to act on behalf of Children's Memorial Hospital, that all items described have been thoroughly cleaned (inside and out) and that if this part / equipment was used in a Bio-hazard application, that we have decontaminated the part or equipment to eliminate all safety and health hazards that could be associated with the Bio-hazard being used by person(s) handling parts / equipment while in transits or when received by Facility Services.

Decontamination procedures which have been taken are in accordance with OSHA, 29CFR Part 1910.1030 (Amended by 61FR Feb13, 1996)

Print Name: _____ Signature: _____

Lab _____ Ext _____

Date: ____/____/____ Title: _____

Department Head Approval _____ Date _____

Please attach this completed form to the equipment when the decontamination procedure is completed and notify the Facility Administrator.