

## ASSET MANAGEMENT FORM

Any and all building equipment must have approval from the department head and Facility Manager before it is relocated or discarded. No exceptions!

Equipment is being:

Discarded \_\_\_\_\_ Relocated \_\_\_\_\_

CMRC asset tag number \_\_\_\_\_

Reason to discard or relocate \_\_\_\_\_

Equipment Description \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

### **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 Manager.

#### **Facility Management Use Only**

AML Update \_\_\_\_\_ Refrig \_\_\_\_\_ Oil \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_