

This form must be completed for all surplus and equipment disposal requests in order to ensure environmental compliance with Federal, State and Local codes.

Date:

To: Tom Riffle, Operations Manager

From:

RE: Disposal Request

In order to process your request, information is needed to verify that 1) the item(s) is/are not considered "hazardous waste" (in accordance with the Department of Natural Resources) and do not require special handling, or 2) to identify proper special handling needs. **Complete form and return to** Tom Riffle, Operations Manager, Department of Facilities Management. Equipment over \$500 must also include a completed "Request for Transfer or Disposal" form. NOTE: **no items will be moved or relocated without completion of proper form(s).**

The following items are being requested for surplus or disposal:

YES ___ NO ___ Did the item(s) in question hold any hazardous chemical/material or waste in any vessel, tube or container? Examples include, but are not limited to the following (check all that apply):

___ solvents, paints, acids, pesticides, gasoline, etc.

___ compressed gas cylinders

___ explosive material

___ asbestos

___ refrigerants

___ Other (list): _____

YES ___ NO ___ Are there Material Safety Data Sheets for the item(s)? If so, please attach copies.

YES ___ NO ___ Are there any batteries present?

YES ___ NO ___ Are there any capacitors, ballasts, resistors present?

YES ___ NO ___ Are there any computer components present (CPU, monitors, keyboards)?

YES ___ NO ___ Are there any electronic circuits present?

YES ___ NO ___ If you answered "yes" to any of the above, are you able to separate (take apart from the main body of the piece of the equipment to be disposed of) the materials listed above? NOTE: all materials listed above **must** be processed through the Environmental Health and Safety Office. A service fee will be charged to your department for this required service.

Please list any other information pertinent to the hazards of this item(s):

Chartfield (required to process request): _____ - _____ - _____ - _____

Please sign and date to indicate the above information is correct.

NAME _____
(Print) (Signature) (Date)

For Department of Facilities Management use:

Cc: Environmental Health and Safety Office