

Laboratory Equipment Removal Authorization Form

Date:

Department / Laboratory Name:

Location / Room Number:

Person Requesting Removal:

Contact Information:

Reason for Equipment Removal:

Equipment Details

| Equipment Description | Serial/ID Number | Condition | Destination/Disposal Method |
|-----------------------|------------------|-----------|-----------------------------|
| | | | |
| | | | |
| | | | |

Additional Notes:

Requested by:

Date:

Authorized by (Lab Supervisor):

Date:

Reviewed by (Safety/Compliance):

Date: