Laboratory Equipment Disposal Approval Form

Department
Name of Requester
Name of Nequester
Equipment Description
Quantity
Serial Number(s)
Reason for Disposal
Hazardous Material Involved?
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Proposed Disposal Method
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Requester Signature
Date
Date
Date Supervisor Approval
Supervisor Approval
Supervisor Approval Date
Supervisor Approval
Supervisor Approval Date Safety Officer Approval
Supervisor Approval Date