Laboratory Equipment Disposal Form

Department	t				
Laboratory	Name/Room				
Date					
Equipment(s) for Disposal					
Item No.	Equipment Name	Serial/Asset No.	Condition	Reason for Disposal	Remarks
ls any of the	e equipment hazardous	or contaminated?			
S arry or the	, счиртен нагатова	or contaminated:			▼
Additional C	Comments				
Requested	by				
Date					
Date					
Approved b	У				
Date					