**Request to scrap equipment**

* Please request disposal of the equipment on Planon: (<https://www.york.ac.uk/fmhelpdesk/index.cfm>)
* Label the equipment ‘*For Disposal’* & return this form to the Infrastructure Office or [biol-infrastructure-group@york.ac.uk](mailto:biol-infrastructure-group@york.ac.uk)
* If decontamination is necessary please attach a copy of the ‘Decontamination Certificate’ (overleaf)
* If the equipment is large or heavy, please contact the Infrastructure Team ( [biol-infrastructure-group@york.ac.uk](mailto:biol-infrastructure-group@york.ac.uk)) before proceeding

|  |  |  |
| --- | --- | --- |
| **To be completed by requestor** | | |
| Item Description |  | |
| Location of equipment |  | |
| Asset / ID / PAT number |  | |
| Serial number |  | |
| Date of request. |  | |
| Planon job number |  | |
| Has this equipment been decontaminated? Yes\* / Not necessary  \*If yes, complete a certificate and attach to equipment.  Have all labels been removed? Yes / Not necessary | | |
| Name & signature of responsible person (including contact details & Group): | | |
| **For Infrastructure use only** | | |
| Has the item been removed from databases? e.g. PAT, Statutory inspections, Asset Register (check with Electronics Workshop & Sylvia Haddock) | | YES / not applicable |
| *File in electrical equipment disposal file (B/F010)* | |  |

**Decontamination Certificate - please attach to the equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location (Department / Room No.)** | | **Asset ID:** | | |
|  | |  | | |
| **TYPE OF EQUIPMENT** | **MANUFACTURER** | | **SERIAL No.** | |
|  |  | |  | |
| **NOTE:** Please complete the appropriate sections below and attach to your equipment that is to be disposed of | | | | **Yes / No** |
| 1. Has the equipment described above been exposed to one or more of the following: **microorganisms / clinical material / radioisotopes / hazardous chemicals** (delete as appropriate)? | | | |  |
| 1. If yes, have appropriate decontamination procedures been carried out as detailed below? | | | |  |
| 1. Surface decontamination with an effective disinfectant | | | |  |
| 1. Fumigation **-** May be **r**equired for microbial safety cabinets. | | | |  |
| 1. Other method of decontamination? If yes, provide further details below: | | | |  |
| 1. Is there any residual contamination that cannot be removed? If yes, describe the nature of the hazard and precautions to be taken: | | | |  |

|  |  |
| --- | --- |
| **Declaration:**  The equipment described above has been decontaminated (if necessary) and does not present a significant risk to anyone involved in the servicing / testing / maintenance of the equipment. | |
| **Name:**  **Signature:** | **Position:** |
| **Date:** |