



**Capital Asset Management  
Asset Disposal Advice Form**

FACULTY OR SCHOOL NAME	DEPARTMENT NAME	DATE
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**ASSET DESCRIPTION** (NOTE: THE VICE-PRESIDENT MUST APPROVE IF REVENUES ESTIMATED OVER \$10,000.)

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Serial Number(s)		Asset Tag / Property Number(s)	
Date Acquired	Purchase Order No.	Original Cost	Original FOAPAL or Budget/Grant # Charged:

**CURRENT CONDITION OF EQUIPMENT:**

EXCELLENT (like new)     
  GOOD (working)     
  POOR (needs repair)     
  NOT WORKING

**DISPOSAL METHOD REQUESTED FOR ABOVE.**

NOTE: IF DISPOSING OF LAB EQUIPMENT, PLEASE REFER TO DECOMMISSIONING INSTRUCTIONS ON PAGE 2 OF FORM

<input type="checkbox"/> OFFER FOR SALE	<input type="checkbox"/> TO BE TRANSFERRED (provide Dept. & Contact Person)
<input type="checkbox"/> TO BE DISMANTLED FOR PARTS (used within the Dept/University)	<input type="checkbox"/> FOR TRADE-IN (give new PO #) _____
<input type="checkbox"/> FOR RECYCLING (Computer Equipment only)	<input type="checkbox"/> TO BE GARBAGED THROUGH PHYSICAL PLANT FOAP TO CHARGE (Re: Lab Equip for Bannatyne Campus only)
<input type="checkbox"/> TO RE-SHOP (Office Furnishings only)	<input type="checkbox"/> ITEM MISSING / STOLEN (if stolen, police file No. required)
<input type="checkbox"/> TO BE DONATED to another Organization (Attach letter from organization)	

LOCATION OF ASSET:	ROOM:	BUILDING:
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RESERVE BID \$ \_\_\_\_\_     
  BEST OFFER

FOAPAL TO BE CREDITED:

**FOR FURTHER INFORMATION OR TO VIEW EQUIPMENT:**

CONTACT: \_\_\_\_\_ PH. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**AUTHORIZED SIGNATURES:**

GRANTEE / DEPT. REP.	DATE	DEAN / DIRECTOR / ADMIN UNIT HEAD	DATE
DEPARTMENT HEAD	DATE	VICE-PRESIDENT ADMIN (over \$10,000.00)	DATE

**FOR CAPITAL ASSET MANAGEMENT USE ONLY**

ADVERTISED VIA:		ASSIGNED BID #	
<input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> WEBSITE / INTERNET <input type="checkbox"/> OTHER MEDIA: _____			
COMMENTS:		BID CLOSING DATE:	
SPECIFICS OF SALE	DATE SOLD:	TOTAL REVENUE	RECEIPT / ID #
		\$ _____	
SOLD TO:			
TAXES & OTHER COSTS:	ACCOUNT CREDITED:	NET REVENUE:	
210551 \$ _____	103165	\$ _____	

APPROVED BY	CAPITAL ASSET MGMNT REP	DATE	MGR/REV, CAP & GEN ACCT	DATE
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CAPITAL ASSET MANAGEMENT     
  BUDGETS & GRANTS     
  ORIGINATING DEPARTMENT

## **General Instructions for Disposal of Lab Equipment**

Any scientific equipment that contains or has been used with chemical, radioactive or biological materials (including refrigerators, freezers, microwaves, benches, cupboards etc.) -or - originates from a laboratory where these materials have been used will require decommissioning and decontamination of hazards/potential hazards prior to disposal. If still functional, these items may only be re-used (including offered for sale, transfer or donation) in a "chemical/wet" laboratory and under **NO** circumstances should any of these items be reused for food storage or food preparation.

Physical plant and contractors will require the decommissioning form and green 'Equipment Disposal' sticker to initiate transfer or disposal of the item from a lab. The full decommissioning procedure and forms can be found at:

[http://umanitoba.ca/admin/human\\_resources/ehso/chembio\\_safety/Decomm.html](http://umanitoba.ca/admin/human_resources/ehso/chembio_safety/Decomm.html).

Environmental Health and Safety Office (474-6633) can be consulted in determining an appropriate decommissioning/decontamination procedure. **Sign-off from EHSO is required.**

Where decommissioning is required, a copy of the completed Decommissioning/Decontamination Form for Laboratory Equipment **must** accompany the Asset Disposal Advice Form.