



School of Medicine

FACILITIES MANAGEMENT AND SUPPORT SERVICES DEPARTMENT

REFRIGERATOR/ FREEZER AND ULTRA LOW FREEZER PICK- UP REQUEST

			Date
_____	_____	_____	_____
Initializing Department	Account Number	Fund Number	Phone Number
_____		_____	
Manufacturer / Serial number		Item / Description	
_____		_____	
USC Number		Reason for turning in	

? Health and Safety has verified that these items are free of Radiation, Biological, and / or Chemical Hazards. Please submit form from Safety Officer.

? FM & SS Department has removed the compressor _____
Removed by (name) and Date

? This equipment is now ready to be turned in to inventory and property control.
 Submit this form to FM & SS along with a completed and signed form 7.

_____	_____
Initializing Department Head Signature	Date

This equipment was picked up and turned in by _____
FM & SS Staff