

University of Massachusetts Medical School Asset Inventory Moving Form
Request to dispose, transfer, or relocate equipment

Requesting Department	Contact Person	Phone Extension	Request Date	Desired Move Date	Date Completed
-----------------------	----------------	-----------------	--------------	-------------------	----------------

Line	UMMS Asset Tag #	Equipment Description	CURRENT Home Dept / Custodian	CURRENT Room #	RECEIVING Home Dept / Custodian	RECEIVING Room #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Disposal		
Retire for Disposal	Transfer to another department/custodian	Other - Detail required _____

Moving Preparations	
<ul style="list-style-type: none"> - Computers/Laptops - Must have hard drive wiped before forwarding form to Asset Mgmt or Facilities. Call helpdesk with request 6-8643 - Tagged equipment & computers - Must email form to Asset Management at email address: Asset Management - Moving requests - Email this form to Facilities at email address: FacMgtWorkRequest - Lab equip must be decontaminated and tagged by department prior to disposal. Info @ http://inside.umassmed.edu/ehs/Programs/General-Health-Safety/ 	
Check box to indicate that lab equipment decontamination has been completed.	

Authorization		
Department Administrator	Department Asset Manager	IS Signature confirming wiping of hard drive(s)
_____ Signature	_____ Signature	_____ Signature
_____ Print Name	_____ Print Name	_____ Print Name

For UMMS Grounds Use Only						
_____ Work Order #	_____ Date	_____ Time In	_____ Time Out	WIP	Complete	_____ Worker's Initials