

Request Form for the Removal of a Heavy and Unserviceable Inventory Item

Date: _____

Building / Floor / Room:	Name of the Unit:	Unit Symbol:
Manufacturer:		Description of the Item:
Purchase Price:	Year Purchased:	Inventory No:

We, the Undersigned, declare that:

The item is no longer serviceable, has no value vis-à-vis our unit, is disconnected from the electricity grid, from pipelines and / or from any means of anchoring whatsoever.

The item is empty of fluids and other substances and is ready for removal.

Please mark the appropriate section for the item.

1. An item that was not in use at laboratories:

1.1. The item was not in contact with biological or chemical substances, laser beam or radiative materials and <u>was not</u> exposed to hazardous materials.	<input type="checkbox"/>
1.2. The item does not contain any radioactive material and was not exposed to radiation from radioactive materials.	<input type="checkbox"/>
1.3. The item is free of biological and / or chemical substances	<input type="checkbox"/>
2. <u>The item was in use at laboratories:</u>	
2.1. The item was in contact with biological or chemical substances, laser beam or radiative materials and <u>was</u> exposed to hazardous materials.	<input type="checkbox"/>
2.2. The item contained hazardous materials or was exposed to such: The equipment was cleaned and sanitized after consultations with the Safety Unit, and is free of any hazardous / chemical / biological / radioactive / other material.	<input checked="" type="checkbox"/>

Additional Comments:

The Bloc Manager confirms that the path by which the item will travel until being loaded is clear from the safety aspect and the weight and dimensions of the item permit the use of the elevator, based on load restrictions and instructions issued by the elevator manufacturer.

Name of the Bloc Manager / Custodian: _____ **Mobile No:** _____

Signature: _____

To be Filled out by the Requesting Unit

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In Charge of Inventory

Name:	Signature:
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Approving Entity

One of the following position holders: Dean / Head of Department / Head of a Division / Head of a School

or Chairman of the Safety Committee in the sector (for the removal of items that were in use in a laboratory only)

Name:	Position:	Signature:
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Additional Approvers

For an item that was in use at a laboratory

Laboratory Manager

Name:	Signature:
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For the removal of equipment that the purchase value of which was over NIS 100,000

Dean or Head of the School

Name:	Position:	Signature:
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To be filled out by authorized signatories: