



Equipment Removal Form

SUNY HEALTH SCIENCE CENTER AT BROOKLYN
PUBLIC SAFETY DEPARTMENT

PC #

NAME OF PERSON REMOVING EQUIP. _____ DATE: _____ TIME: _____

EQUIPMENT REMOVED FROM: _____ DEPARTMENT: _____

BUILDING _____ ROOM # _____ PHONE # (Which can be called for verification) _____

ABOVE IS HEREBY AUTHORIZED TO REMOVE THE FOLLOWING ITEMS FROM THE HSCB PREMISES

DEPARTMENT HEAD SIGNATURE _____

DEPARTMENT _____

EXTENSION _____

REASON FOR REMOVAL: (CHECK ONE)

☐ ITEM(S) TO BE REPAIRED AT _____

☐ ITEM(S) TO BE TRANSFERRED TO ANOTHER HSCB LOCATION

BLDG. _____ ROOM _____ DEPT. _____

☐ ITEM TO BE BROUGHT OFF CAMPUS GROUNDS

DESTINATION: _____

(INCLUDE ADDRESS, RM. NO., PHONE NO.)

☐ SURPLUS ITEM(S) TO WAREHOUSE (REQUIRES PROPERTY CONTROL OFFICE SIGNATURE AS DEPT. HEAD)

EXPECTED DATE OF RETURN: ____ / ____ / ____ OR CHECK HERE IF ITEM IS TO BE PERMANENTLY MOVED ☐

ITEM DESCRIPTION	MANUFACTURER	HSCB TAG #

REMOVAL (TO BE COMPLETED BY PUBLIC SAFETY OFFICER ON DUTY)

PLACE OF EXIT _____ DATE _____ TIME _____

PROOF OF ID (DRIVER'S LICENSE, OR OTHER): _____

OFFICER'S SIGNATURE _____

REMOVER RETAINS "BEARER" COPY. OFFICER RETAINS & SUBMITS "PUBLIC SAFETY" & "PROPERTY CONTROL" COPIES TO HEADQUARTERS (HQ).

RETURN

PLACE OF ENTRY _____ DATE _____ TIME _____

PROOF OF ID (DRIVER'S LICENSE OR OTHER): _____

OFFICER'S SIGNATURE _____

"BEARER" COPY TO BE RETAINED BY OFFICER & SUBMITTED TO HQ.

OFFICER SHOULD CHECK ANY DISCREPANCY IN NAME OR PROPERTY THROUGH THE PUBLIC SAFETY OFFICE.

OFFICER'S REMARKS: _____