



SUNY DOWNSTATE Medical Center

Detailed Instructions: See Pg 32 of 2011 PCS User Manual.

Page ___ of ___

Send Completed Form to: Property Control -Box 82, Fax: X- 1131.
This Form can be filled out on-line, save with new document name,
print for signature. You can send an advance unsigned copy by
attaching to an [email](#)

For PCS Use Only:

PC # _____

**The Property listed below is no longer required by this department.
For further Information about this property, contact:**

Print Your Name: _____ Phone: _____

_____ Date: _____

Your signature

Approved: _____ Date: _____

Dept Equipment Coordinator Authorized Signature

Indicate any Special Instructions for removal of equipment:

(Fluids, chemicals, specimens or other hazardous materials must be properly removed prior to surplus.)

Department Name			State Acct#	Research Grant# (Project, Task, and Award#)			DMC Mailbox#	
Building	Room #	Asset Tag#	Description	Manufacturer	Model#	Serial#	Condition	Working
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Obs <input type="checkbox"/> Scrap	<input type="checkbox"/> Yes <input type="checkbox"/> No

DO NOT WRITE BELOW THIS LINE: For PCS Use Only:

Approved by :	\$ Proceeds (if any, deposited to)	Comments	Final Disposition Observer/ Date
---------------	------------------------------------	----------	----------------------------------