Property Control Form
Please return the completed form to the Office of Finance and Business Services – Internal Control and Asset Management, 739A

Please Check Property Disposition type below:

☐ Cannibalized ☐ Donated / Gift [Please attach "Agreement for Donation"]
☐ Salvaged ☐ Loss [Explain how: ________________________]
☐ Scrapped ☐ Stolen [Please attach "Incident Report and Police Report"]
☐ Obsolete ☐ Written Off [Explanation is required: ________________________]
☐ Traded ☐ Transfer

[If Transfer to Other CUNY College, approval from the receiving College’s Property Manager is required]

Authorization Given To:

The property listed below is no longer required by this department. Departments are responsible for evaluating the hazards and decontaminating lab equipment in accordance with all biological, radiation, and hazardous waste procedures. A decontamination form must be completed when necessary to ensure the safety of workers who move the equipment. This work is not appropriate for administrative staff and should be completed by trained faculty or staff. Please contact Environmental Health and Safety Officer in the Department of Public Safety and Risk Management for further assistance.

Requestor / Liaison Name: ________________________________ (Please print)
Department Name: ________________________________
Building and Floor / Room: ________________________________
Phone / Fax: ________________________________ Date: ____________

Certified By

I CERTIFY THAT EQUIPMENT HAS BEEN EVALUATED AND ALL SOFTWARE AND PERSONAL FILES ARE REMOVED FROM EQUIPMENT BEING DISPOSED.

Information Technology Personnel: (Please print and sign) ________________________________ Date: ____________

Requestor / Liaison Signature: ________________________________
Chairperson/Director Name: ________________________________
Signature: ________________________________ Date: ____________

PROPERTY HAS BEEN PICKED UP / RECEIVED BY:

Stockroom & Central Receiving Personnel: ________________________________ Date: ____________
(Please print, sign)

Tag # | Description | Manufacturer | Model # | Serial # | From Building and Room | To Building and Room | New Responsible Person and / or Department |
---|---|---|---|---|---|---|---|
JJC- | | | | | | | |
JJC- | | | | | | | |
JJC- | | | | | | | |
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For Internal Control and Asset Management Office Use Only:

Asset Management Approval: (Please print and sign) ________________________________ Date: ____________

Revised 9/20/2017_BO_AssetManagement