

EQUIPMENT RETIREMENT FORM (AM0001)

(This Form Is Not To Be Used For Surplus Assets)

DATE OF REQUEST _____

EQUIPMENT COORDINATOR _____

ORGANIZATION/DEPT NUMBER _____

ORGANIZATION/DEPT NAME _____

The equipment listed below should be removed from The Asset Management System for the reasons indicated.

Asset ID	Tag Number	Project Number	Asset Description	Serial Number	Disposal Code*

Printed Name of Custodian or Principle Investigator

Signature/Date

Printed Name of Equipment Coordinator

Signature/Date

Printed Name of Relevant Dean or Vice President

Signature/Date **(required)**

Signature of Central Research Foundation Asset Management

Date (OSURF Assets only)

Send Completed Form To:

University:	OSURF:
Asset Management	Asset Management
2070 Blankenship Hall	400 Research Foundation
901 Woody Hayes Drive	1960 Kenny Road
Fax: 292-1121	Fax: 292-6870
Phone: 292-6048	Phone: 292-0844

*SEE NEXT PAGE FOR INSTRUCTIONS AND DISPOSAL CODES

This form should be used to retire equipment that was not transferred to surplus for disposal. The department head is responsible for all equipment assigned to their area and every possible effort to locate the equipment should be made before a retirement is requested. Retirement of any OSURF equipment that is a capitalized asset requires a PI signature.

<u>LONG NAME</u>	<u>CODE</u>	<u>SHORT NAME</u>
Destroyed by Natural Disaster	Y	NDDestroy
Disposal Due to Theft	F	Theft
Salvaged (Cannibalized)	C	Cannibal
Transferred to Another State Agency	Q	TrfrStAg
Traded In	T	Trade-In
Disappeared	D	Disappeared
Destroyed (Other than "Act of God")	Z	Destroyed
Returned To Sponsor OSURF Only	J	Sponsor
Reclassified as Fixed Equipment	H	Reclassify