

Type Of Disposition

Surplus Property

Non-Capital Asset Trade-In (Provide Req. #)
Other (Provide Reason)

Additional Detail

make, model and serial number

Serial Number

CSU Decal Number

Manufacturer

Model

**Item Description** 

to contaminates must be entered on individual line and include the Patential capital assets, data containing devices and equipment exposed

Are All Items Available for Pickup Immediately?

Yes No

SECTION 5

FX7 To enhance data security and safeguard proprietary information, hard drives will be wiped to

NIST.SP.800-88r1 specifications or destroyed based on condition. Departments will be charged

drives, and other types of electronics. For detailed pricing please visit the CSU FC Surplus an electronics recycling fee for the following: computer monitors, CPUs, printers, copiers, hard

Condition Codes: O - Operational NR - Needs Repair

BR - Beyond Repair

Property website at http://cr.colostate.edu.

**Building Name** 

Room # or Location

Condition

Notes

Rec

SECTION 3

By checking this box, our department certifies that all items listed below are clean of chemical, biological and radioactive material.

LOT #:

SECTION 4

This EACR contains any of the following: Freezers, Refrigerators, or Laboratory Equipment that

Please attach a certification of sanitization.

Contact Person Phone Contact Person Name Department Number Name of Department

Date Available For Pickup

Please enter as much information as possible about each item. \*\*\* All Capital Assets Must Be Processed On a Kuali Document. \*\*\*

## Equipment Accountability Change Request (EACR) Form (eek-er) **Departments of Physical Plant - Surplus Property**

This form is to request pickup and removal of equipment, tools or supplies designated for surplus or disposal.

Instructions: Please fill out this form electronically with as much information as possible. When form is completed, please email to Anthony.Bonfiglio@csupueblo.edu.

Grey areas for Surplus and Property Managers to fill in.

| Hame of Person Authorizing EACR | Notes: | Authorization  FIGUR 7  This Area Must Be Completed or Your Form Will Be Returned  Surplus Use Only - Status/Notes |  |  |  |  |  |  |
|---------------------------------|--------|--|--|--|--|--|--|--|
|                                 |        |  |  |  |  |  |  |  |
| REV 04082019                    |        | ** Greyed Out Areas For Office Use Only **   |  |  |  |  |  | The same of the sa |