UNIVERSITY OF SOUTH CAROLINA

FACILITIES MANAGEMENT AND SUPPORT SERVICES DEPARTMENT

REFRIGERATOR/ FREEZER AND ULTRA LOW FREEZER PICK-UP REQUEST

_____
Date

_____ Initializing Department

_____ Account Number

_____ Fund Number

_____ Phone Number

_____ Manufacturer / Serial number

_____ Item / Description

_____ USC Number

_____ Reason for turning in

? Health and Safety has verified that these items are free of Radiation, Biological, and / or Chemical Hazards. Please submit form from Safety Officer.

? FM & SS Department has removed the compressor _____
Removed by (name) and Date

? This equipment is now ready to be turned in to inventory and property control.
Submit this form to FM & SS along with a completed and signed form 7.

_____ Initializing Department Head Signature

_____ Date

This equipment was picked up and turned in by _____
FM & SS Staff