

GPSG #66

EQUIPNET # 242563-1

### Equipment Release Form

This form shall be completed by the person relinquishing/releasing the equipment for service/maintenance, relocation, or disposal of equipment that may have come in contact with chemical, biological, or radiological materials. If no hazard(s) is present on the equipment, please skip Section I and I and proceed to Section III - please be sure to check the "NO HAZARD EXISTS WITH/ON THIS EQUIPMENT" box and sign the form at the bottom).

GPSG SUPPLY CHAIN

Relinquisher of Service, Relocation, or Disposal:

RABITAN, NJ

Phone Extension:

N/A

#### BACKGROUND INFORMATION:

Equipment Location: WING WHSE

242563

Date: 05/11/11

Type of Equipment: LABELER, AVERY P.S.

Asset/Serial #: 20701947/403132

#### SECTION I: FOR EQUIPMENT BEING REDEPLOYED: (If equipment is not being redeployed, please skip to Section II):

- Has the equipment been modified from the original manufacturer specifications?  Yes  No
- Have there been any modifications to the safety features on this equipment (machine guards, light curtains, etc.)?  Yes  No
- Have there been any recorded incidents (personal injury, environmental release, etc.) while using this equipment?  Yes  No
- Does the equipment require Machine Guarding Review during installation at facility?  Yes  No
- Is the equipment CE (Conformité Européenne - European Conformity) certified/marked?  Yes  No
- Is the equipment accompanied by a Declaration of Conformity based on all relevant regulations/directives?  Yes  No
- Does the original instruction manual accompany the equipment?  Yes  No
- Does the equipment require a noise evaluation after installation at facility?  Yes  No

For equipment being redeployed internally and for equipment being sold externally, please complete Finance Internal Asset Redeployment form on last page of this document.

#### SECTION II: Potential Contaminants/Hazards (Check all that apply):

- Chemical
- Biological
- Radioisotope
- Environmental (i.e. Freon capture/recovery)
- Machine Safety
- Noise
- None

#### SECTION III: Notifications to be made (Check box when complete):

- EHS Department notified
- Equipment/Project Engineer/Maintenance notified
- Finance Department notified (Finance Internal Asset Redeployment Form completed, where applicable)

#### SECTION IV: Services to be performed by disposing service (Check appropriate box(es)):

- External Service/Maintenance
- Disposal
- Relocation
- Sale

Method of Cleaning prior to release: N/A

Additional Information regarding cleaning (if applicable): N/A

Name of Person Cleaning Equipment (if different from requestor): N/A Phone Ext. N/A Dept. N/A

#### EQUIPMENT STATUS:

- NO HAZARD EXISTS WITH/ON THIS EQUIPMENT
- EQUIPMENT UNABLE TO BE SUFFICIENTLY CLEANED - When decontamination is not feasible, decontaminate to the extent feasible and:
  - > Attach appropriate warning labels (e.g., radioactive, biohazard symbols);
  - > Contact Environmental, Health & Safety before releasing equipment from the area.
- EQUIPMENT IS SUFFICIENTLY CLEANED FOR RELOCATION/REDEPLOYMENT, SALE OR DISPOSAL. By checking this box, you are certifying that any part(s) of this equipment that may have been used with chemical, biological, radiological or potentially infectious materials have been cleaned to the best of your ability. You are further acknowledging that if this equipment was used with radioactive materials, it has been adequately surveyed and is safe for storage, service or disposal.

Signature of Relinquisher [Signature] 05/11/11

EHS Department/Radiation Safety Officer Signature (only required for equipment potentially contaminated with radioactive, biological or chemical materials) [Signature] 05/11/11

Maintenance/Project Engineer Signature (Approval Equipment has been taken out of service and can be brought back into service at purchasing site.) [Signature]

**POST THIS FORM ON THE EQUIPMENT**



**Transfer/Disposal of Fixed Assets and Capital Projects**  
(Revised 08/10/2010)

Requestor (Please print name): Tom Denora Dept. # \_\_\_\_\_ Phone # 7011

The person requesting the disposal/transfer must complete Steps 1-3  
Upon receipt of all approvals, forward original documents to the following contacts in the Fixed Assets Department:  
Eboni Parks (OMP Admin Bldg 1195) - For assets on the SAP & Sustain Ledger  
**DO NOT PHYSICALLY DISPOSE OF THE ASSET UNTIL NOTIFIED BY A FIXED ASSET REPRESENTATIVE**

(1) **Equipment for Transfer/Disposal**

Description	SAP or Sustain Asset Number	Name of Manufacturer	Model Name/Number	Serial Number	Building # or Address	Room # or Laboratory	Remaining Book Value**
Labeller	20701947	Avery	N/A	403132	Warehouse		

\*\* The remaining book value can be obtained by contacting the Fixed Asset Department

(2) **GPSG Asset Tag**  
Remove the GPSG Bar Code Tag Number. This is a white tag with black lettering. Affix tag HERE  
Remove any other identification tags and attach to the back of this form

ATTACH TAG  
HERE

(3) **Reason for Transfer/Disposal (Please check the appropriate box below)**

**Transfer (e.g. Departmental/Intercompany/Move to new room/location):** Please provide the following information

<b>Present Location:</b>	
Building _____	Room _____
Floor _____	Cost Center # _____
<b>New Location:</b>	
Building _____	Room _____
Floor _____	Cost Center # _____
<b>Organization Name</b> _____	<b>Contact Name</b> _____
<b>Organization Address</b> _____	<b>Contact Phone</b> _____
	<b>Contact Fax</b> _____

**Sale:** A copy of the written offer from buyer must be attached to this form. Offer should list individual items being purchased AND associated value

**Trade In:** A copy of the written offer from buyer must be attached to this form. In addition, information regarding new equipment purchased with trade in credit must also be provided

**Donation:** Please provide the following information for all charitable contributions:

<b>Organization Name</b> _____	<b>Contact Name</b> _____
<b>Organization Address</b> _____	<b>Contact Phone</b> _____
	<b>Contact Fax</b> _____

**Scrap:** Provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**Other:** Provide explanation:  
\_\_\_\_\_  
\_\_\_\_\_

(4) **Approval**  
Any remaining book value will be charged to the department. However, any proceeds received from the sale or trade-in will be netted against the charge to the department. The cost center manager must approve the net charge to the department

Dept Manager \_\_\_\_\_  
Div Director/General Manager \_\_\_\_\_  
Division Controller \_\_\_\_\_  
Division Vice President \_\_\_\_\_

(5) **Corporate Approval (IT ASSETS ONLY)**  
The disposal of computer equipment requires the authorization of IM Asset Database/Help Desk Coordinator. Sales, trade-ins, or other require the approval of the Corporate Purchasing Office.

Signature _____	Print Name _____	Title _____
Signature _____	Print Name _____	Title _____

(6) **Fixed Asset Processing For Fixed Asset Use Only**

Asset Number	<u>NA</u>	Disposal Date		Approval (Initials)	<u>[Signature]</u>
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NOT ON SAP Ledger