

**PROPERTY INVENTORY
CANNIBALIZATION REQUEST**

Phone: (305) 348-2167

Fax: (305) 348-1936

property@fiu.edu

If is non media storage / computer equipment, please proceed to Section B.

SECTION A

In accordance with Media Sanitation Guidelines and Data Stewardship Procedures, (http://policies.fiu.edu/record_profile.php?id=560), the University requires that all media storage devices be sanitized prior to being surplus, donated, transferred or discarded. All media storage devices require a MSCID number be assigned for proof of sanitation compliance.

To obtain a MSCID number, please submit your request to: [IT Security Office](#).

Sanitized By: _____ Date: _____

SECTION B

TO: Property Control Department

FROM: _____
NAME PHONE EXTENSION ACTIVITY NBR / PROJECT NAME

ACCOUNTABLE OFFICER SIGNATURE

DATE: _____

| | | | |
|--|-----------------|-------------|-------------------|
| Cost Center | | | |
| Activity Nbr: _____ | Cost PID: _____ | Task: _____ | Budget Ref: _____ |
| Optional fields, use if applicable: | | | |
| Cost PID - To track expenses related to faculty allocations. | | | |
| Task - To track expenses that have a similar purpose as assigned, for example Critical Investments. | | | |
| Budget Ref - To track specific years for Financial Aid and COM only. | | | |
| OR | | | |
| Project: _____ | Fund: _____ | | |
| Optional field, use if applicable: | | | |
| Fund - To be used for Cost Share only | | | |

SUBJECT: REQUEST TO CANNIBALIZE UNIVERSITY PROPERTY

As accountable officer for property assigned to this unit, I hereby request permission to cannibalize the following property, which is described on the inventory as follows:

| FIU Tag No. * | Description | Condition | Serial Number | Location | MSCID# |
|---------------|-------------|-----------|---------------|----------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

*FIU tag should be removed from property and sent with this request.

Justification for Cannibalization _____

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Prior approval from Risk Management & Environmental Health & Safety Department (EH&S) is required if the equipment contains any material which is regulated or that could be of health concern. Please contact (305) 348-2621 for EH&S related questions. Please review the Laboratory Relocation Guide (http://www.fiu.edu/~ehs/bio_chemical_safety/Lab_Relocation_Procedure.pdf).

Please check the appropriate Yes or No box. Does the equipment contain any of the following*?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| Radioactive materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laser devices (Class 3B or 4) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazardous chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Biohazardous materials (all types) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Controlled substances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* If the answer is "Yes", please attach EH&S Clearance Form

A Report of Survey Form needs to be attached for approval of Cannibalization

DO NOT WRITE BELOW THIS LINE

Property Control Approval Signature _____

Print Name _____

Signature _____

Date _____