

School of Medicine

FACILITIES MANAGEMENT AND SUPPORT SERVICES DEPARTMENT

REFRIGERATOR/ FREEZER AND ULTRA LOW FREEZER PICK-UP REQUEST

				Date		
Initializing Department Account Number		Account Number	Fund Numb	per Phone N	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 & S	SS Department has	removed the compressor		oved by (name) and D	ate	
	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.					
Ini	tializing Departmen	t Head Signature		Date		
This equipr	ment was picked up	and turned in by	FM & SS S	 taff		

Return to: Facilities@uscmed.sc.edu