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

EACR

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, email to Anthony.Bonfiglio@csupueblo.edu for pickup schedule or delivery arrangements.
Grey areas for Surplus and Property Managers to fill in.

LOT #:

SECTION 1

Type Of Disposition

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

Potential capital assets (>5k), data containing devices, and equipment exposed to contaminates must be entered on individual lines and include the make, model and serial number.

SECTION 2

Name of Department

Department Number

Contact Person Name

Contact Person Phone

Will items be delivered to Physical Plant? ☐ Yes ☐ No

Date Available For Pickup

SECTION 3

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

SECTION 4

☐ This EACR contains any of the following: Freezers, Refrigerators, or Laboratory Equipment that have come into contact with chemical, biological, or radioactive material.
Please attach a certification of sanitization.

SECTION 5

☐ 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 an electronics recycling fee for the following: computer monitors, CPUs, printers, copiers, hard drives, and other types of electronics. For detailed pricing please visit the CSU FC Surplus Property website at http://cr.colostate.edu.

SECTION 6

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

Condition Codes: O - Operational NR - Needs Repair BR - Beyond Repair

CSU Decal Number	Manufacturer	Model	Serial Number	Item Description	Building Name	Room # or Location		Condition Code	Notes	Rec	

Additional Information

**** Greyed Out Areas For Office Use Only ****

Surplus Use Only - Status/Notes

Notes:

SECTION 7

Authorization

This Area Must Be Completed or Your Form Will Be Returned

# of forms in batch

Name and title of Person Authorizing EACR

Date

REV 04082019