Research Equipment/Furniture Decommissioning

Contact Info	rmation	Date of Request:	
Full Name:			
Phone Number: _		_	
Email Address:		_	
Equipment l	ocation		
Building:			
Room Number: _			
Items to be	Decommissioned		
Quantity	Item Description	Model	Serial Number

Submit to: Department of Environmental Health and Safety@queensu.ca

Next steps: After EHS technician has applied Decommissioned stickers, complete **Facilities disposal Form** www.queensu.ca/facilities/services/energy-and-waste-management/requests