HARVARD SCHOOL OF PUBLIC HEALTH
Computer Equipment Removal Form

Computer equipment to be removed from the building with a brief description:
* All computers must have serial numbers.

Date to be removed:

1) _____________________________  ___-___-___
2) _____________________________  ___-___-___
3) _____________________________  ___-___-___
4) _____________________________  ___-___-___
5) _____________________________  ___-___-___
6) _____________________________  ___-___-___

Approximate time of removal from the building: _________ a.m. or p.m.

Designated Exit:

☐ 677 Huntington-SPH-III Lobby
☐ FXB Main Entrance-651 Huntington Ave.

Required Signatures:  Print Names:  Date:

________________________________________  ____________________________
Remover                              Remover

________________________________________  ____________________________
Department Administrator             Department Administrator

________________________________________  ____________________________
IT Department                         IT Department

________________________________________  ____________________________
Security Office                       Security Office

Please make two copies
Original for Guard, one copy for IT Department, and one copy for your files

Notes: ____________________________________________