## Equipment Returns Form

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| **WEEE\_001**EMS\_OP\_023 Appendix 1 | Description: NHS - National Health Service |

**EQUIPMENT RETURNS FORM**

**Section a)** *To be completed by person requesting collection*

**Name: Designation:**

**EQUIPMENT** **LOCATION** *(Include Department and room):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment Details****(e.g. fridge, microwave etc.)** | **Make** | **Model** | **Faulty****(tick if applicable)** | **Not Needed****(tick if applicable)** | **If IT Equipment****Has the disk been removed?** | **Asset Tag and/or Serial Number (if applicable)** |
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**Section b)** *(to be completed by Departmental Manager or representative)*

**Name: Designation:**

**Cost Centre Code:**

**To arrange a collection email form to: -** rdash.logisticservices@nhs.net

**Section c)** *(to be completed by Logistics Supervisor or representative)*

**PACKAGING REMOVED: Yes/No. NUMBER OF BOXES**

**Item(s) placed in WEEE Storage Facility on Date: …. / …. / ……..**

 **dd mm yyyy**

**Name: ………………………..……………………. Date: ………..……………….**

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