## Equipment Returns Form

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| **WEEE\_001**  EMS\_OP\_023 Appendix 1 | [Description: NHS - National Health Service](http://nww.intranet.rdash.nhs.uk/) |

**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](mailto:rdash.logisticservices@nhs.net?subject=WEEE%20Returns%20Form)

**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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