Research Equipment Decommissioning

Contact Information		Date of Request:	Date of Request:	
Full Name:				
Email Address:		Phone Number:	Phone Number:	
Equipmen	t Location			
Building:		Room Number:	Room Number:	
Items to b	e Decommissioned			
Quantity	Item Description	Model	Serial Number	
Special Instru	ections or requested timeline:			

Please Note: This process is not required for furniture or E-waste.

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

Next steps: After EHS technician applies Decommissioned sticker, contact Facilities Waste & Recycling Services

https://www.queensu.ca/facilities/services/energy-and-waste-management/recycling