



## Decommissioning Equipment Form

Date: 07/12/2024

Department: Nursing

Prepared By (Supervisor):

Signature: Cristy Knight, BSN, RN

CCMH Tag #	Manufacturer/Equipment Description	Reason for Decommissioning:	Serial #/Model #	Est. Value	QTY:
N/A	Brown metal shelf	Not being used	N/A	N/A	1
N/A	ER Bed	Does not work. Has already been replaced.	N/A	N/A	1
304-014	Patient Bed	Out of date and no longer in use.	N/A	N/A	1
0339	HP laser Jet Printer	Does not work and no longer in use.	N/A	N/A	1

Approved: [Signature] Administrative (CEO) Signature      Date: 7/12/2024

Approved: [Signature] Financial (CFO) Signature      Date: 7/19/2024

Approved: [Signature] CCMH Board Chairman Signature      Date: 7.19.24



### Decommissioning Equipment Form

Date: 07/19/2024

Department: Wellness

Prepared By (Supervisor): Sheree Evangelista

Signature: Sheree Evangelista

CCMH Tag #	Manufacturer/Equipment Description	Reason for Decommissioning:	Serial #/Model #	Est. Value	QTY:
	Pro Elite Strength System/Cable Crossover	Broken / not fixable		\$400	1
	Hammer Strength/Shoulder Press	Not used / Unsafe for older people		\$400	1
	Pro Elite /Lat Pull down	Not used / Unsafe for older people		\$250	1

Approved: [Signature] Administrative (CEO) Signature Date: 7/19/2024

Approved: [Signature] Financial (CFO) Signature Date: 7/19/2024

Approved: [Signature] CCMH Board Chairman Signature Date: 7.19.24