HACKETTSTOWN REGIONAL MEDICAL CENTER ADMINISTRATIVE POLICIES DISPOSAL OF HOSPITAL EQUIPMENT

Effective Date: October 1997 Policy No: AD042

Cross Referenced: Origin: Materials Management Reviewed Date: 7/03, 1/09, 9/13 Authority: Chief Financial Officer

Revised Date: 7/03, 1/09, 9/13 Page: 1 of 2

SCOPE

All Hackettstown Regional Medical Center Employees

PURPOSE

To outline the procedure for the disposal of medical equipment or furniture that is no longer necessary.

POLICY

I. All hospital owned assets categorized as medical equipment or furniture that are no longer used or needed by a department are to be reported to the Manager of Materials Management who will determine whether they can be reallocated, donated or destroyed. Materials Management staff ("MM staff") will facilitate the removal of the asset and the correct designation of the asset on the General Ledger and Biomed asset listings.

PROCEDURE

- I. The department head will notify the manager of Materials Management that the asset is no longer needed in the department. MM staff will evaluate whether the asset should be tradedin, disposed of, donated or stored and will facilitate the removal from the department. MM staff will work with Environmental Services and Facilities staff, as needed, to properly dispose of the asset. All considerations will be addressed (e.g., Freon gas removal, battery removal, salvage of scrap metal, etc.).
- II. MM staff will determine if it is necessary to store equipment for future use and will be responsible for all stored medical equipment.
- III. If the asset will not remain in the facility, the department head will be instructed to submit a Disposition of Equipment Request form (attached) and submit it to Materials Management. Upon receipt of the Disposition of Equipment Request form, MM staff will communicate to Accounting and Biomed that the asset is being removed from use so that they can adjust their asset listings accordingly.
- IV. Disposal of assets with a remaining book value of greater than \$500 must be approved by the CFO and must be accompanied by an explanation from the department head as to why the asset did not last longer than the useful life as determined by the hospital's accounting methods (a reasonably conservative indicator of minimum useful life).

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