

Department/Unit	<h1>RED TAG</h1>				Tag Number:
Category (Check One)	<input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Other	<input type="checkbox"/> Office Materials <input type="checkbox"/> Patient Items	<input type="checkbox"/> Medication <input type="checkbox"/> Furniture	<input type="checkbox"/> Books <input type="checkbox"/> Measuring Instrument	
Tag Date:	Tagged By:				
Classification (Check one)	<input type="checkbox"/> Hazardous		<input type="checkbox"/> Non Hazardous		
Item Name:					
Fixed Asset Code;			Serial #		
Quantity:	Value: \$				
Reason Tagged (Check one)	<input type="checkbox"/> Not Needed <input type="checkbox"/> Not used in 6 mo	<input type="checkbox"/> Beyond Expiration Date <input type="checkbox"/> Not used on unit	<input type="checkbox"/> Borrowed <input type="checkbox"/> Defective Equipment		
Disposition by: Authorized persons name:			Dept:		
Disposition by: (Check one)	<input type="checkbox"/> Discard <input type="checkbox"/> Repair	<input type="checkbox"/> Move to storage <input type="checkbox"/> Replace	<input type="checkbox"/> Return to Lender <input type="checkbox"/> Move to Holding Area	<input type="checkbox"/> Use <input type="checkbox"/> Other	

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