



SECTION:	Financial	POLICY:	Equipment Disposal
DATE ISSUED:	Feb. 15, 2013	NUMBER:	F-75
APPROVED BY:	Finance Committee		

POLICY

The purpose of this policy is to establish standardized procedures for the safe, ethical, and compliant disposal of organizational equipment. This includes electronics, vehicles, office furniture, and clinical equipment. The policy ensures protection of information, compliance with regulations, environmental responsibility, and financial stewardship.

SCOPE

This policy applies to all staff, volunteers, and contractors of Community Care Northumberland. Covered equipment includes electronics, vehicles, office furniture, and clinical equipment.

PROCEDURE

1. The disposal of any equipment item with a replacement value of over \$3500.00 must be approved by the Chief Executive Officer.
2. Community Care Northumberland will not, without the Ontario Health's prior written consent, sell, lease or otherwise dispose of any assets purchased with Ontario Health funding when the cost of which exceeded \$25,000 at the time of purchase.
3. All computers, electronic devices and storage media must be properly sanitized of confidential information and have licensed software removed before being recycled or donated. Non-working hard drives must be physically destroyed.
4. A vehicle may be considered for disposal when; it has reached the end of its useful life, repair costs exceed the vehicles value or are no longer economical, it no longer meets operational needs, or has significant damage.
5. Approved methods of disposition are donation, sale, recondition, dismantle/recycle, scrap or trade-in for more efficient equipment.
6. The authorizing person disposing of the equipment will complete and submit an Equipment Disposal Record and submit the form along with any proceeds to Administration.
7. Departments will maintain their own asset lists to include equipment disposition details.

NEXT REVIEW DATE:

*Reviewed (R)/Revised (RV)		REVISION HISTORY
R/RV	Date	Description
R	Nov/14, Jan/19, Jan/21, May/22	
RV	Nov/14, Jan/19	

EQUIPMENT DISPOSAL RECORD

Date: _____

Office/Program: _____

Details of Equipment:

Electronics (computers, monitors, printers, mobile phones, etc.)

Vehicle

Clinical Equipment

Office Equipment

Other: _____

Serial number/Asset Tag/VIN: _____

Reason for Disposal

End of useful life

Replacement purchased

Safety concern

Irreparable damage

Not required by department

Other: _____

Complete for Disposal of IT Equipment i.e., laptops, desktops, mobile phones.

Date Cleaned:	Method:	Cleaned by:
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I verify that all data, programs, and the operating system have been removed from this computer in accordance with CCN Equipment Disposal Policy.

Authorized By: _____

Date Disposed: _____

Method of Disposal: _____

Proceeds from Disposal: \$ _____

Authorized By: _____

Additional Comments: