

**NEW YORK STATE PSYCHIATRIC INSTITUTE
SAFETY DEPARTMENT
PACKAGE PASS**

1. NAME OF PERSON LEAVING BUILDING WITH PROPERTY

Last Name: _____ **First Name:** _____
E-Mail address: _____
CHECK ONE: **Employee** **Other** **Dept. Affiliation**

2. DESCRIPTION OF PROPERTY

Item: _____ **Asset tag no.:** _____
Model Number: _____ **Serial Number:** _____
Owned by (circle one):
NYS **RFMH** **CU** **Personal** **Vendor**
Reason for relocating the asset (circle one):
Home/business **Off-site office** **Repair**

3. AUTHORIZED BY

Last Name: _____ **First Name:** _____
Signature: _____ **Date:** _____
Department: _____
Building: _____ **Floor:** _____ **Telephone:** _____

4. FOR SAFETY AND SECURITY USE ONLY

Safety Officer: _____
Date: _____ **Time:** _____ **Post:** _____ **ID Checked**
Yes
No