

EQUIPMENT DECONTAMINATION FORM

SECTION 1.0 – LOCATION OF EQUIPMENT

ACADEMIC UNIT:		
BUILDING NAME:	ROOM NUMBER:	DEPARTMENT OR CENTER:

SECTION 2.0 –EQUIPMENT INFORMATION

EQUIPMENT DESCRIPTION:		
<input type="checkbox"/> Centrifuge <input type="checkbox"/> Water Bath <input type="checkbox"/> Incubator <input type="checkbox"/> Freezer/ Refrigerator* <input type="checkbox"/> Biological Safety Cabinet* <input type="checkbox"/> Fume Hood*		
<input type="checkbox"/> Other (Specify)		*Call EHS for additional requirements
MANUFACTURER NAME:	MODEL NUMBER:	PROPERTY RECORD OR SERIAL NUMBER:

DESCRIBE EQUIPMENT USE: (ATTACH ADDITIONAL PAGES AS NEEDED)

EQUIPMENT TRANSFER TYPE:

Surplus
 Another Department
 Another Institution
 Maintenance
 Within the same facility
 Another facility

SECTION 3.0 – DECONTAMINATION STATUS

CHECK CATEGORY 1 OR CATEGORY 2

Category 1: This equipment has never been in contact with biological, chemical, and/or radioactive materials.
*******SKIP TO SECTION 4.0 – AUTHORIZATION. NOTE: Only PI/Owner Signature required for Category 1*******

Category 2: This equipment has had prior contact with either biological, chemical, and/or radioactive materials and/or has contained a radioactive source, X-ray tube, or laser, and it has been thoroughly cleaned and decontaminated as described below:

BIOHAZARDOUS MATERIALS? If yes, describe decontamination method:	<input type="checkbox"/> YES** <input type="checkbox"/> NO	
HAZARDOUS CHEMICALS? If yes, describe decontamination method:	<input type="checkbox"/> YES** <input type="checkbox"/> NO	
RADIOACTIVE MATERIALS (RAM), RADIOACTIVE SOURCE, X-RAY TUBE, OR LASER? If yes, describe decontamination method:	<input type="checkbox"/> YES** <input type="checkbox"/> NO	SOURCE OR TUBE REMOVED? <input type="checkbox"/> YES <input type="checkbox"/> N/A
If RAM, X-ray, or laser, signature of RSS for confirmation of source removal or successful completion of secondary contamination swipe test:		

SECTION 4.0 – AUTHORIZATION

"I certify that I have cleaned and/or decontaminated this equipment for such materials and in such a manner as identified above."

PERSON COMPLETING THE DECONTAMINATION: (PRINT)	TITLE:
SIGNATURE:	DATE:
PHONE NUMBER:	EMAIL:

"I certify that I am the principal investigator or equipment owner and, to the best of my knowledge, the information recorded on this form is true and correct. I further certify that the person completing the decontamination as indicated above has been adequately trained and was provided with the appropriate PPE to perform the decontamination. I agree to maintain and provide documentation of adequate training upon request."

PRINCIPAL INVESTIGATOR OR EQUIPMENT OWNER: (PRINT)	TITLE:
SIGNATURE:	DATE:

FOR PROPERTY TRANSFERS OR SURPLUS PICK-UP SUBMIT A SIGNED COPY OF THIS FORM TO THE RECEIVING ENTITY

**Environmental Health & Safety (EHS) and the Office of Research Compliance and Biosafety (Biosafety) is not responsible for ensuring the decontamination of any equipment or furniture. EHS and/or Biosafety provide the minimum requirements for decontamination with which equipment owners must comply. For more information on these decontamination requirements, refer to the EHS Decontamination of Laboratory Equipment Resources as published on the EHS website, or contact EHS. It is the owner's responsibility to ensure the proper procedures are performed as appropriate prior to the release of the equipment to any receiving entity.