

### Laboratory Equipment Decontamination Form

Directions: Designated laboratory representative should complete form (Check N/A box for areas that do not apply). When the form is completed, sign the bottom to certify applicable decontamination steps have been properly addressed, and attach checklist to the equipment.

This equipment is being decontaminated for  Disposal  Relocation  Repair  Storage or Surplus

Type of Equipment/Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Bay: \_\_\_\_\_

Dept./Div.: \_\_\_\_\_ Owner/PI: \_\_\_\_\_ Phone: \_\_\_\_\_

1.  **Biohazardous Material** used in the equipment  N/A
  - Disinfected using (check one):
    - 2 % Wescodyne  10% bleach  Other: \_\_\_\_\_
  - Biohazard label removed
2.  **Hazardous Chemicals** used in the equipment  N/A
  - Removed, cleaned and/or neutralized with appropriate detergent (refer to MSDS, etc.)
  - Chemical label defaced or removed
3.  **Radioactive Material** used in the equipment  N/A
  - Fully monitored for radioactive materials (inside and out), has been decontaminated, and is not radioactive
  - Radiation hazard label removed
  - EHS Radiation Protection Office has cleared the equipment:
4.  **Incubator water jacket** drained and CO2 disconnected  N/A
5.  **Stored energy** (e.g., electrical, pneumatic) discharged or de-pressurized  N/A
6.  **Refrigerator/freezer** contents have been removed or packed tightly  N/A
7.  **Asbestos-containing components** removed  N/A
8.  **Freon/refrigerant** drained and captured by service technician:  N/A

**I certify that, to the best of my knowledge, the equipment is free of hazardous materials or hazards, including those noted above.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_