

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:

☐ Centrifuge ☐ Water Bath ☐ Incubator ☐ Freezer/ Refrigerator* ☐ Biological Safety Cabinet* ☐ Fume Hood*
☐ Other (Specify) _____

*Call COS 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?

☐ YES** ☐ NO

If yes, describe decontamination method:

HAZARDOUS CHEMICALS?

☐ YES** ☐ NO

If yes, describe decontamination method:

RADIOACTIVE MATERIALS (RAM), RADIOACTIVE SOURCE, X-RAY TUBE, OR LASER?

☐ YES** ☐ NO SOURCE OR TUBE REMOVED? ☐ YES ☐ N/A

If yes, describe decontamination method:

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

**Campus Operations & Safety (COS) and Research Compliance is not responsible for ensuring the decontamination of any equipment or furniture. COS and/or Research Compliance provide the minimum requirements for decontamination with which equipment owners must comply. For more information on these decontamination requirements, contact COS. 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.