

## **Equipment Decontamination Form**

Owner Information	
Principal Investigator:	Department/College:
Building/Room:	Phone Number:
Equipment Information	
Equipment name:	Equipment Serial Number:
Who is Transporting/Disposing of Equipm	nent?:
Service to be performed:	
Contaminants Information	
Chemical:	
Biological:	
Radioactive:	
Decontamination product used:	Procedure Performed:
• •	I certify that the above laboratory equipment has been ninated of all chemical, biological, and radioactive moval, relocation, and re-use.
PI Signature	Date

**How to use this form.** Affix the complete and signed form to the equipment immediately after decontamination procedure is performed. Form must be in place before and during the removal or relocation. Form must be removed before equipment is re-used.

Department Safety Officer/College Safety Officer Signature

Date