

Equipment Decontamination and Decommissioning Report

Print Form

(For equipment that has been used with or contains hazardous materials)

Type of equipment:	<input style="width: 95%;" type="text"/>
Owner of equipment:	<input style="width: 95%;" type="text"/>
Department:	<input style="width: 95%;" type="text"/>
Serial number/I.D. number:	<input style="width: 95%;" type="text"/>
Original location of equipment (bldg & room no.):	<input style="width: 95%;" type="text"/>
Future location of equipment (bldg & room no.) if applicable:	<input style="width: 95%;" type="text"/>
Equipment to be disposed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

This equipment was used with the following hazardous materials:

Biological Chemical Radioactive

Other Please specify:

This equipment contains or has contained the following hazardous materials as part of its design (e.g. CFCs, pump oil, asbestos, etc.):

Decontamination:

Completed? Yes Not required

If not required, explain why:

I certify that this piece of equipment has been decontaminated or does not require decontamination:

Printed name Signature Date

Decontaminated with:

Comments:

If refrigerants were present, attach reclaim form confirming removal. Reclaim form no.:

The equipment listed above is approved for disposal, reuse or relocation:

Department Chair	Date	EHS Representative	Date