

Equipment Decontamination and Decommissioning Report

Print Form

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

Type of equipment:

Owner of equipment:

Department:

Serial number/I.D. number:

Original location of equipment (bldg & room no.):

Future location of equipment (bldg & room no.) if applicable:

Equipment to be disposed? Yes ☐ No ☐**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