Surplus Equipment
DECONTAMINATION FORM

Date: _________________________

Department name: ____________________________________________________________

Contact Person: __________________________ Phone Number ______________________

Item Description: ____________________________________________________________

Tag No: __________ Serial Number: ______________ Model Number: _______________

Item Location: ________________________________________________________________

This equipment has been thoroughly cleaned and contains no radioactive, chemical, or biological residues.

BIOHAZARDS:
   Not used   Used, but decontaminated, method: _________________________________

HAZARDOUS CHEMICALS:
   Not used   Used, but decontaminated, method: _________________________________

RADIOACTIVE MATERIALS:
   Not used   Used, but decontaminated, method: _________________________________

Statement of Safety:

I certify that I, (please print) __________________________ Have thoroughly cleaned and/or decontaminated this equipment and tested it for radiation level, eliminating any potential hazard(s) from bio-hazardous materials, radiation, or chemicals.

Signature: __________________________ Date: __________________________

(Signature of technician or designee)

PLEASE SUBMIT COPY OF COMPLETED FORM WITH YOUR REQUEST FOR SURPLUS PROPERTY PICK-UP.

7/14/11