Moving/Surplus Equipment
DECONTAMINATION FORM

PRIMARY INVESTIGATOR: ___________________________ DATE (MM/DD/YY): _____________
DEPT. NAME: ___________________________ DEPT. NUMBER: ___________________________
DESCRIPTION OF EQUIPMENT: ________________________________________________________
PROPERTY RECORD #: ___________________________ BLDG. CODE & ROOM #: _____________

Please indicate if this equipment has been used in conjunction with, or potentially exposed to any biological, chemical or radioactive materials. □ Yes □ No

If NO, please proceed to the STATEMENT OF SAFETY; if YES, provide further explanation below:

BIOLOGICAL MATERIALS:
□ Yes □ No I have used this equipment for (or potentially exposed this equipment to) biological materials.

If Yes:
1. Please verify that all biological materials have been removed from the equipment: □ Yes □ No
   If items are left in the equipment during a move, please verify that breakable containers (e.g., glass tubes) have been removed and how these items have been secured for transport.
   ________________________________________________________________
   2. Please indicate method(s) of biological decontamination used (on the interior and exterior of the equipment).
   Please note: this method should correspond to that listed in the laboratory’s Biosafety Protocol (BSP) and Standard Operating Procedures (SOPs):
   ________________________________________________________________

CHEMICALS:
□ Yes □ No I have used this equipment for (or potentially exposed this equipment to) chemicals.

If Yes:
1. Please verify that all chemicals have been removed from the equipment: □ Yes □ No
2. Please indicate method(s) of chemical decontamination used on interior and exterior of the equipment:
   ________________________________________________________________

RADIOACTIVE MATERIALS:
□ Yes □ No I have used this equipment for (or potentially exposed this equipment to) radioactive materials.

If Yes:
1. Please verify that all radioactive material has been removed from the equipment: □ Yes □ No
2. Please indicate method(s) of radioactivity decontamination used on interior and exterior of the equipment:
   ________________________________________________________________

STATEMENT OF SAFETY

I certify that I, ___________________________ am authorized to act on behalf of the primary investigator and have thoroughly cleaned and/or decontaminated this equipment as indicated above and tested it for radiation level, eliminating any potential exposure hazard(s) from biological, chemical, or radioactive materials or that this equipment has never been exposed to biological, chemical, or radioactive materials.

Signature: ___________________________ Date (MM/DD/YY): ___________________________
(Signature of Primary Investigator or designee) MCG Phone Extension: ______________

DEPARTMENTAL ASSISTANT PROPERTY CONTROL OFFICER (Please Print or Type): ___________________________
Phone Extension: __________
Signature: ___________________________ Date (MM/DD/YY): ___________________________

PLEASE SUBMIT COMPLETED FORM WITH MOVING REQUEST FOR SURPLUS PICK-UP. ATTACH ORIGINAL DECONTAMINATION FORM TO EQUIPMENT TO BE PICKED-UP.