

Appendix 1
Laboratory Equipment Clearance Form

Complete this form and affix to your lab equipment for any/all of the following actions:

- Removal for service or maintenance
- Relocation from the area of use
- Equipment designated out-of-service
- Equipment removed for storage, sale, transfer of ownership, or disposal

PI / Supervisor: _____ Equipment Item: _____
 Department: _____ Model Number: _____
 Building/Room#: _____ Serial Number: _____

Identify contaminants (before cleaning/decontamination has occurred):

___ Chemical ___ Biological ___ Radioactive ___ No hazard

Record the actions taken for the item identified above:

All materials removed from equipment (circle response)	YES	NO
All Surfaces cleaned (circle response)?	YES	NO
For surfaces cleaned, list the cleaning agent used \Rightarrow		
Surfaces decontaminated (circle response)?	YES	NO
For surface decontamination, list the disinfectant or decontamination agent (s) used: \Rightarrow		
Warning signs removed/covered over (circle response)?	YES	NO

Complete this section if radioactive materials were used/stored with this piece of equipment. **Radiation Safety must be contacted to conduct a survey and the result of the survey entered below:**

Radiation safety survey conducted (Circle response)?	YES	NO
Were all counts <200 dpm/100 cm ² (circle response)?	YES	NO
Is there an exception for this item (list, explain)? \Rightarrow		

All above actions completed by: _____ Date: _____

I attest that the lab equipment listed above is free of hazardous components and the surfaces have been decontaminated to remove gross contamination of chemical, biological, and radioactivity. It is safe for personnel to service, relocate, or dispose of this item.

Signature, PI/Supervisor

Date

NOTES:

ITEMS CONTAINING A REFRIGERANT MUST HAVE THE REFRIGERANT REMOVED BY THE FACILITIES REFRIGERATION SHOP

BIOLOGICAL SAFETY CABINETS (BSCs) USED FOR BIOLOGICAL AGENTS MUST BE DECONTAMINATED BY A CERTIFIED OUTSIDE CONTRACTOR.