



Laboratory Equipment Decontamination Form

Directions: Designated laboratory representative should complete form (Check N/A box for areas that do not apply). When the form is completed, sign the bottom to certify applicable decontamination steps have been properly addressed, and attach checklist to the equipment.

This equipment is being decontaminated for <input type="checkbox"/> Disposal <input type="checkbox"/> Relocation <input type="checkbox"/> Repair <input type="checkbox"/> Storage	
Type of Equipment/Model: _____ Serial #: _____	
Building: _____ Room: _____ Bay: _____	
Dept./Div.: _____ Owner/PI: _____ Phone: _____	
School (check one): <input type="checkbox"/> FAS <input type="checkbox"/> HMS <input type="checkbox"/> HSDM <input type="checkbox"/> HSPH <input type="checkbox"/> NEPRC <input type="checkbox"/> SEAS <input type="checkbox"/> Other _____	
1.	<input type="checkbox"/> Biohazardous Material used in the equipment <input type="checkbox"/> N/A <input type="checkbox"/> Disinfected using (check one): <input type="checkbox"/> 2 % Wescodyne <input type="checkbox"/> 10% bleach <input type="checkbox"/> Other: _____ <input type="checkbox"/> Biohazard label removed
2.	<input type="checkbox"/> Hazardous Chemicals used in the equipment <input type="checkbox"/> N/A <input type="checkbox"/> Removed, cleaned and/or neutralized with appropriate detergent (refer to MSDS, etc.) <input type="checkbox"/> Chemical label defaced or removed
3.	<input type="checkbox"/> Radioactive Material used in the equipment <input type="checkbox"/> N/A <input type="checkbox"/> EHS Radiation Safety Services (radiation_safety@harvard.edu) has cleared the equipment: Signature: _____ Name: _____ Date: _____ <input type="checkbox"/> Fully monitored for radioactive materials (inside and out), has been decontaminated, and is not radioactive <input type="checkbox"/> Radiation hazard label removed
4.	<input type="checkbox"/> Incubator water jacket drained and CO2 disconnected <input type="checkbox"/> N/A
5.	<input type="checkbox"/> Stored energy (e.g., electrical, pneumatic) discharged or de-pressurized <input type="checkbox"/> N/A
6.	<input type="checkbox"/> Refrigerator/freezer contents have been removed or packed tightly <input type="checkbox"/> N/A
7.	<input type="checkbox"/> Asbestos-containing components removed <input type="checkbox"/> N/A
8.	<input type="checkbox"/> Freon/refrigerant drained and captured by service technician <input type="checkbox"/> N/A (Contact your facilities department to arrange for removal of refrigerant.) Service Technician Name: _____ Date Serviced: _____

I certify that, to the best of my knowledge, the equipment is free of hazardous materials or hazards, including those noted above.

Signature: _____ Name: _____ Date: _____

Comments: _____

If internal components or surfaces may have been contaminated and cannot be cleaned by the equipment owner or service representative, consult with EHS at 617-496-3797 (Cambridge) or 617-432-1720 (Longwood).