

Record of Decontamination

For Repair, Disposal or Relocation of Equipment

Department:		Date:	
Principal Investigator:		Preparer:	
Type of Equipment:		Model #:	
Manufacturer's Name:		Serial Number:	
Current Location:			

Requesting:								
Disposal:	<input type="checkbox"/>	Relocation:	<input type="checkbox"/>	Move to:		Other:	<input type="checkbox"/>	(Explain):

Equipment Contamination Information:			
This equipment may have been contaminated with:			
<u>Biological Materials used:</u>	<u>List Agents if known</u>	<u>Disinfection/Cleaning Information:</u>	
		Date:	Method used:
Infectious Agent (eg. human, animal or plant pathogens; mammalian viral vectors):			
No Infectious agents used:		Comments:	

Comments:	
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I certify that the above stated equipment has been decontaminated and/or cleaned as necessary for safe removal or repair. (Print form and sign):
