



Equipment Release Form

For assistance, please contact:
Environmental Health & Safety, 216 Browning
PH: 678-4672 FAX: 678-4673

Prior to offering scientific equipment for disposal, transfer to another PI, maintenance, or surplus, this form must be completed and affixed to the equipment by a laboratory employee who is familiar with the hazardous materials that were used or stored in the equipment.

PI: _____ Phone number: _____
 Department: _____ Date: _____
 Building and Room to be removed from: _____
 Description of Equipment: _____
 Model: _____ Serial Number: _____

The recipient of this equipment should be aware that this equipment contains the following (check all that apply):

- | | | | |
|--------------|-------------|---|---------------------------|
| Pump oil | X-ray tubes | Radioactive Sources | Other hazardous materials |
| Refrigerants | Batteries | Mercury (including switches) | (specify): |
| Asbestos | Lead | Fluorescent tubes or other mercury containing lamps | |

- | | | | |
|--|-----|----|-----|
| 1. Have all hazardous chemical, biological, and radioactive agents been removed and removing department is holding agents for proper disposal? | Yes | No | N/A |
| 2. Have all accessible surfaces that were potentially contaminated been decontaminated and the removing department is holding waste for proper disposal? | Yes | No | N/A |
| 3. Have all warning signs associated with the hazardous materials been removed? | Yes | No | N/A |
| 4. Have radiological surveys showing radiation levels that are acceptable for release to unrestricted areas been documented and attached with this form? | Yes | No | N/A |
| 5. With the exception of hazardous materials which are inherent in the construction of this equipment (e.g., refrigerants, solder, etc.), | | | |
| a. Have all hazardous materials used or stored in this equipment been removed? | Yes | No | N/A |
| b. Have all surfaces potentially contaminated with hazardous materials been decontaminated? | Yes | No | N/A |

Chemical agent(s) decontaminated by the following method:

Biological agent(s) decontaminated by the following method:

Radiological agent(s) decontaminated to _____ dpm/cm² by the following method:

Other known or suspected hazards NOT removed:

Signature: _____ Date: _____