

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 (specify):
Refrigerants	Batteries	Mercury (including switches)	
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/cm<sup>2</sup> by the following method:

Other known or suspected hazards NOT removed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_