

Record of Decontamination

Request to Discard or Relocate Equipment

Department:		Date:	
Responsible Party		State ID:	
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><i>Type of Hazardous Agent:</i></u>				<u><i>List Agents if known</i></u>		<u>Disinfection/Cleaning Information:</u>	
						Date:	Person:
Hazardous Chemical:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Infectious Agents:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Radioactive Material:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
None of the Above:	Comments:						

Comments:	
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The above stated equipment has been decontaminated and/or cleaned as necessary for safe removal.

(Print form and sign):
