



# Chemical Safety Program

## Hazardous Waste Management

Form

### Equipment Decontamination Record (For Disposal or Relocation Only)

#### Basic Information (Please print)

Department:		Date:	
Responsible Individual:		TU ID #:	
Type of Equipment:		Model #:	
Manufacturer's Name:		Serial Number:	
Current Location:			

#### Request Information (Select one, please print)

Disposal  Relocation  Move to: \_\_\_\_\_ Other (Explain): \_\_\_\_\_

#### Equipment Contamination Information (Please print)

This equipment may have been contaminated with the following:

<u>Type of Hazardous Agent</u>		<u>Identity of Agents</u> (if known, list each below)	<u>Disinfection/Cleaning Information</u>	
			<u>Date</u>	<u>Individual</u>
Hazardous Chemical(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Infectious Agent(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Radioactive Material(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>			
None of the Above:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:		

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

#### Office Use Only (This section MUST be completed by EHS)

Signature, Environmental Health & Safety	Date
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