**Laboratory Equipment Decontamination Form**

Attach to equipment that stored or contacted hazardous materials.

<table>
<thead>
<tr>
<th>Equipment Owner / PI:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg / Room #:</td>
<td>Dept:</td>
</tr>
<tr>
<td>Equipment Type:</td>
<td>ID / Serial #:</td>
</tr>
<tr>
<td>Equipment will be:</td>
<td>Moved</td>
</tr>
<tr>
<td>By (indicate company or WSU Dept.):</td>
<td></td>
</tr>
<tr>
<td>Potential contaminants:</td>
<td>Chemical</td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
</tbody>
</table>

If radioactive materials were used or stored in this equipment, contact OEH&S at 577-1200 for testing and verification of decontamination.

Describe decontamination procedures used:

I certify that the above equipment has been thoroughly cleaned and decontaminated of all chemical, biological, and radioactive contaminants.

Signature: Date:

If other than owner listed above, please provide:

Name: Title:

---

**Laboratory Equipment Decontamination Form**

Attach to equipment that stored or contacted hazardous materials.

<table>
<thead>
<tr>
<th>Equipment Owner / PI:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg / Room #:</td>
<td>Dept:</td>
</tr>
<tr>
<td>Equipment Type:</td>
<td>ID / Serial #:</td>
</tr>
<tr>
<td>Equipment will be:</td>
<td>Moved</td>
</tr>
<tr>
<td>By (indicate company or WSU Dept.):</td>
<td></td>
</tr>
<tr>
<td>Potential contaminants:</td>
<td>Chemical</td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
</tbody>
</table>

If radioactive materials were used or stored in this equipment, contact OEH&S at 577-1200 for testing and verification of decontamination.

Describe decontamination procedures used:

I certify that the above equipment has been thoroughly cleaned and decontaminated of all chemical, biological, and radioactive contaminants.

Signature: Date:

If other than owner listed above, please provide:

Name: Title: