



| <b>Laboratory Equipment Decontamination Form</b><br><i>Attach to equipment that stored or contacted hazardous materials.</i>                 |                |
|--|----------------|
| Equipment Owner / PI:  | Date:          |
| Bldg / Room #:   | Dept:          |
| Equipment Type:  | ID / Serial #: |
| Equipment will be: <input type="checkbox"/> Moved <input type="checkbox"/> Disposed <input type="checkbox"/> Repaired                        |                |
| By (indicate company or WSU Dept.):  |                |
| Potential contaminants:<br><input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radioactive        |                |
| Specify:   |                |
| If radioactive materials were used or stored in this equipment, contact OEHS 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:         |



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