NOTICE OF EQUIPMENT DECONTAMINATION

This box has been checked for the following (please check off for certification):

Print Type of Equipment in box above.

☐ Equipment HAS BEEN cleaned and/or emptied of chemicals prior to calling Asset Management.
☐ There is NO evidence of hazardous liquids or solids.
☐ There is NO visible sign of chemical contamination.
☐ There is NO evidence of bio-hazardous or infectious material.
☐ There is NO evidence of radioactive contamination.

☐ I certify that the equipment or fume hood has been prepared according to the guidelines provided by EH&S. (It will be the responsibility of the PI or Department Mgr. to ensure the above).

Print PI or Department Manager Name ___________________________ Phone # ___________________________
Signature of PI or Dept. Mgr. Name ___________________________ Date ___________________________

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