



**Surplus Equipment
DECONTAMINATION FORM**

Date: _____

Department name: _____

Contact Person: _____ Phone Number _____

Item Description: _____

Tag No: _____ Serial Number: _____ Model Number: _____

Item Location: _____

This equipment has been thoroughly cleaned and contains no radioactive, chemical, or biological residues.

BIOHAZARDS:

Not used Used, but decontaminated, method: _____

HAZARDOUS CHEMICALS:

Not used Used, but decontaminated, method: _____

RADIOACTIVE MATERIALS:

Not used Used, but decontaminated, method: _____

Statement of Safety:

I certify that I, (please print) _____ Have thoroughly cleaned and/or decontaminated this equipment and tested it for radiation level, eliminating any potential hazard(s) from bio-hazardous materials, radiation, or chemicals.

Signature: _____ Date: _____
(Signature of technician or designee)

PLEASE SUBMIT COPY OF COMPLETED FORM WITH YOUR REQUEST FOR SURPLUS PROPERTY PICK-UP.