NOTICE OF DECONTAMINATION

Decontamination must be completed before equipment can be moved

This equipment released for:

☐ Service/Repair  ☐ Relocation  ☐ Disposal

Exterior and interior surfaces have been decontaminated  ☐ Yes  ☐ No

Decontamination performed by: _________________________________________________

Chemical or disinfectant used: _____________________________________________

Date of decontamination: _____________________________________________

Location of equipment: _____________________________________________

Responsible party: _____________________________________________

Lab telephone number: _____________________________________________

☐ Biohazard labels required under the Bloodborne Pathogens Standard have been removed.

☐ Areas of the instrument that have not been decontaminated are clearly labeled.

PI: __________________________________________________________________________

PLEASE PRINT

Signature: ____________________________________________________________________

PRINCIPAL INVESTIGATOR

December 2013