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 (PI): _________________________________

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