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

February 2019