

# Equipment Decontamination Form

All equipment that has been used with hazardous material must be decontaminated before it can be disposed, moved, repaired, recycled, or sent to M&R.

**Directions:** Complete the form below, except the OH&S ONLY area. Place a work order for an **OH&S Consultation Request** using **TMA** or the UAMS Call Center (501-526-0000). The Occupational Health & Safety (OH&S) department will reach out to you to review your equipment decontamination. If appropriate decontamination has been performed, the OH&S Office will sign and approve this decontamination form. Once OH&S has signed and the form is complete, please scan a copy for your records, email a copy to your department administrator, and post the form on the decontaminated equipment.

**Note:** The UAMS move team and other services will not perform work on or move equipment without a completed Equipment Decontamination Form and, if applicable, associated Gas Decontamination Report or Refrigerant Disposal Report posted on the equipment.

## Equipment Information

Manufacturer and Model #:	<input type="text"/>	Serial #:	<input type="text"/>
Type of Equipment & Description:	<input type="text"/>	UAMS Tag # (if applicable):	<input type="text"/>
Equipment Location Building:	<input type="text"/>	Equipment Room #:	<input type="text"/>
Contact Person (Full Name):	<input type="text"/>	Contact Phone Number:	<input type="text"/>

## Equipment Disposition

This equipment is being decontaminated for:  Disposal  M&R  Relocation  Repair  Other:

The following hazards were used with the equipment:

- Biological** (List biological agents used):
- Chemical** (List chemical agents used):
- Radiation** (List radioisotopes used):
- Unknown:** Must be gas decontaminated by a NSF Accredited Vendor.

## Equipment Cleaning & Decontamination Process

The equipment decontamination/deactivation/removal of the hazardous materials was performed using a validated method for the hazardous material used. **Please indicate all that apply below for the specific equipment and corresponding hazards checked above:**

- Decontaminating, Neutralizing, or Cleaning of the Equipment with appropriate Agent for the Hazards Used:**  
↳ Agent Concentration & Full Name (ex. 10% Household Bleach):   
↳ Exposure Time for Agent (ex. 20 Minutes at minimum for 10% Household Bleach):
- Removal of Items:** Contents of the equipment have been removed and disposed of or stored safely.  
↳ **Radioactive Material may only be removed by Radiation Safety. Contact Radiation Safety immediately for assistance.**
- N/A  **Gas Decontamination of HEPA Filter Containing Equipment & Unknown Hazard Equipment:** Biosafety Cabinets (BSC), etc.  
↳ **All BSC or HEPA filter containing equipment must be undergo Gas Decontamination by a NSF Accredited Vendor. The HEPA Filter cannot be removed until after successful Gas Decontamination.**  
↳ **The Decontamination Report from the vendor must be emailed with and attached to the equipment with this form.**
- N/A  **Special Equipment Requirements:** Disconnect any gases hoses, remove any water, and release any stored energy safely.  
↳ Depending upon the type of equipment, ensure to drain Incubator water jackets, discharge electrical energy, de-pressurize and remove gas hoses, and defrost refrigerators and freezers. **Freon or other refrigerant must be drained and disposed of as hazardous waste by a licensed technician prior to equipment disposal. The Refrigerant Removal & Disposal Report must be emailed with and attached to the equipment with this form.**

## Equipment Certification

I certify that I am the principal investigator, equipment owner, or legally responsible person for this equipment and that the information on this form is true and correct. I further certify that a valid procedure for decontamination, neutralization, cleaning, and/or hazard removal was used for the hazards indicated and that the person completing these actions has been adequately trained and was provided with the appropriate PPE and tools to safely perform all actions.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name (Print)	Signature	Date

## OH&S ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>
OH&S Approver Full Name (Print)	OH&S Approver Signature	OH&S Approval Number

\*Please remove all hazard labels (biohazard, radiation, chemical, etc.) from the equipment after OH&S approval.