# EHS Laboratory Equipment Clearance Record

*Equipment to be removed by Surplus Stores or given to someone else must be free of contamination. This form serves to document for what the piece of equipment was used and whether it has been adequately decontaminated, if necessary.*

*After the equipment has been decontaminated, either fax the form to 5-7564 or send it to* *ehs-contact@uiowa.edu* *so EHS staff is informed and, if needed can let Surplus know that the item/equipment is ready for pickup, or that it has been safely decontaminated and can be transferred to someone else.*

|  |  |
| --- | --- |
| Principal Investigator/Equipment owner: |       |
| Phone: |       |
| Building and room no: |       |
| Department: |       |
| Equipment Type: |       |

## Check the type of hazard(s) associated with this equipment. Check all that are applicable.

|  |  |
| --- | --- |
| [ ]   | Hazard is an integral part of this equipment, e.g., leads, oils, asbestos  |
| [ ]  | Biological  | [ ]  | Chemical |
| [ ]  | Radiation (RAM) | RAM survey by: |       | RAM Survey Date: |       |
|  |  |  (Initials) |
| [ ]  | Other hazardous agent (specify): |       |
| [ ]  | No Hazardous Materials (no decontamination required) |
| For equipment used with biological, chemicals, or radioactive materials, the following method was used to decontaminate the equipment:  |
|       |

## Note: after decontaminating the item, remove/deface any hazard label that is posted on the equipment.

I certify that the above laboratory equipment has been thoroughly cleaned and decontaminated *of all chemical, biological, and/or radioactive contaminants, where necessary.*

PI/Lab staff signature: Date:

PI/Lab staff name (printed)