

**Surplus Equipment  
DECONTAMINATION FORM**

Date: \_\_\_\_\_

Department name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Item Description: \_\_\_\_\_

UT Tag No: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Item Location: \_\_\_\_\_

This equipment has been thoroughly cleaned and contains no radioactive, chemical, or biological residues.

**BIOHAZARDS:**

Not used     Used, but decontaminated, method: \_\_\_\_\_

**HAZARDOUS CHEMICALS:**

Not used     Used, but decontaminated, method: \_\_\_\_\_

**RADIOACTIVE MATERIALS:**

Not used     Used, but decontaminated, method: \_\_\_\_\_

**Statement of Safety:**

I certify that I, (please print) \_\_\_\_\_ Have thoroughly cleaned and/or decontaminated this equipment and tested it for radiation level, eliminating any potential hazard(s) from bio-hazardous materials, radiation, or chemicals.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of technician or designee)

PLEASE SUBMIT COPY OF COMPLETED FORM WITH YOUR REQUEST FOR SURPLUS PROPERTY PICK-UP.

ATTACH ORIGINAL DECONTAMINATION FORM TO EQUIPMENT TO BE PICKED-UP.