

**University of Michigan
Occupational Safety and Environmental Health (OSEH)**

LABORATORY EQUIPMENT DECONTAMINATION FORM

EQUIPMENT OWNER

Principal Investigator: _____ Department: _____

Laboratory Manager: _____ Contact Phone Number: _____

Building: _____ Room Number: _____

EQUIPMENT INFORMATION

Equipment Type/Model: _____ Serial Number: _____

Service/Transportation/Disposal Provider: _____

Service to be performed: _____

RADIOACTIVE MATERIALS: If radioactive materials were used or stored in the equipment, contact OSEH **Radiation Safety Services (RSS)** at 764-6200 to conduct a survey.

Did the **RSS survey** indicate detectable levels of radioactive contamination? Check one

Yes No N/A

CERTIFICATION OF DECONTAMINATION: I certify that the above referenced laboratory equipment has been thoroughly cleaned and decontaminated of all chemical, biological, and radioactive contaminants.

(Name) _____ (Signature) _____ (Date) _____

Complete and attach this form to equipment used for hazardous materials that is sent outside the laboratory. Contact OSEH at 763-6973 for questions about decontamination or completing the form.