

Laboratory Equipment Decontamination Certification Form

Laboratory equipment must be decontaminated by the department before it can be sent to surplus.

Directions: Lab users must decontaminate equipment, and then complete this form and return it to EHS (safety@uidaho.edu). EHS will review the form, certify the equipment has been decontaminated by the department and then post the completed form on the equipment. You may then surplus the equipment. EHS will notify you if the equipment requires additional decontamination.

EQUIPMENT LOCATION AND TYPE		
Building/Room:		Equipment Description:
Manufacturer & Model #:	Serial Number:	UI Tag # (if applicable):
EQUIPMENT HAZARDOUS MATERIALS USAGE		
This equipment:		
☐ Has never been used with radiological, chemical, or biological agents. (NOTE: Equipment must still be cleaned with detergent solution)		
☐ Has been used with the following materials:		
☐ Chemical (List chemicals used): _____		
☐ Biological (List biological agents used): _____		
☐ Radiological (List radioisotopes used): _____		
EQUIPMENT DECONTAMINATION PROCESS		
☐ Remove Contents and Clean (applies to all equipment)	Remove and decontaminate, as appropriate, all contents including ice, liquids, mold, glassware, specimens, fluorescent bulbs, etc. Equipment must be unplugged and defrosted.	
☐ Chemical Decontamination	Clean equipment using reasonable means (washing, scrubbing) with appropriate cleaning agent (soap and water solution or mild detergent) to remove any residual material, stains and odors.	
☐ Biological Decontamination	Equipment used with biological materials must be decontaminated with an appropriate disinfectant: 10% bleach solution, 70% ethanol or other appropriate disinfectant. Decontaminate all exposed surfaces. Spray and leave disinfectant on for appropriate contact time to kill any contamination.	
☐ Radioactive Materials	Contact EHS. Equipment must be cleared of residual radioactivity by UI Radiation Safety Office (RSO) and any radioactive identification labels must be removed by RSO personnel only.	
Name and title of person performing the cleaning:		Vandal #:
Signature certifying you have performed this cleaning:		Date:
EQUIPMENT OWNER REVIEW AND APPROVAL		
Name of Department Administrator or Official:	Signature:	Department Name:
EHS ONLY - EHS REVIEW		
Comments:		Date:
EHS Reviewer Name:	Title:	Signature: