Environmental Assessment of Equipment Clearance Form    Supersedes:   Page   Of   1   1   1	SUBJECT:		Effective Date:	Form Number:	
Contact Name:   Phone:   Department/Pl:   Location of Equipment:   EQUIPMENT (e.g. Refrigerator, Laser, Compressor)	* * ·		11/17/2014	emp03-f01	
Responsible Authority: Environmental Management Coordinator High July 2014 Signature Date  Contact Name: Phone: Department/ PI: Location of Equipment:  EQUIPMENT (e.g. Refrigerator, Laser, Compressor)  Make: Model No.: Serial No.:  Decontamination Date:  HAZARDS: To the best of my knowledge, the following hazardous materials were used and/or are present in the equipment.  EHS properly disposed of the following hazards:  The equipment has a UCF Property Decal that needs to be removed by Surplus Property Unit.  A Work Order must be completed to remove additional hazards. Additional hazards:  I have assessed the equipment and to the best of my knowledge, this equipment is safe to handle and does not pose a hazardous materials risk to personnel.			Supersedes:	Page Of	
Environmental Management Coordinator				1 1	
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Name: (print) Signature: Date:					
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