|                                  | Environmental<br>Health and Safety | <b>Effective Date:</b> 04/27/2018                    | Form Number:<br>EHS_SOP341_FORM001 |
|----------------------------------|------------------------------------|--|------------------------------------|
| UNIVERSITY OF CENTRAL FLORIDA    |                                    |  |                                    |
| TITLE: Notice of Decontamination |                                    | Responsible Authority: Laboratory Safety Coordinator |                                    |

| Contact Name:  |   |            | Phone:                                     |   |  |  |  |
|--|---|------------|--|---|--|--|--|
| Department/ PI:  |   |            | Location of Equipment:                     |   |  |  |  |
| LAB EQUIPMENT/ SURFACES (e.g., Microwaves, Freezers, Incubators, Water Baths, Centrifuges, Fume Hoods, Biosafety Cabinets, Counter tops, Cabinets, Drawers)  |   |            |  |   |  |  |  |
| Type of Equipment:   |   |            |  |   |  |  |  |
| Make:  |   | Model No.: |  | Serial No.:   |  |  |  |
| Decontamination Me   | ethod:  |            |  |   |  |  |  |
| Decontamination Date:  |   |            |  |   |  |  |  |
| HAZARDS: To the best of my knowledge, the following hazardous materials were used and/or stored in the equipment that was decontaminated according to the guidelines in EHS_SOP341.  |   |            |  |   |  |  |  |
| □ Radiological (list):   |   |            |  |   |  |  |  |
| □ Biohazard (list):  |   |            |  |   |  |  |  |
| □ Chemical (Toxics/ Corrosives/ Reactives) (list):   |   |            |  |   |  |  |  |
| Chemical Fume Hoods (FH) & Biosafety Cabinets (BSC) & Bench Tops (BT) Only The following actions were taken to prepare the FH, BSC, or BT for repair/maintenance/Certification:  |   |            |  |   |  |  |  |
| □ Stopped all experiments and or manipulation in the FH, BSC, or BT.   | □All materials and apparatus have been removed from the interior. |            | ces (interior and ave been properly nated. | □ Obstructions have been removed to allow access to the FH, BSC, or BT. |  |  |  |
| □The equipment to be serviced must not be used until repair/maintenance is complete.   |   |            |  |   |  |  |  |
| ☐ The equipment to be disposed of has been removed from the UCF Inventory.   |   |            |  |   |  |  |  |
| I have removed all known hazardous materials from this equipment. All exposed surfaces have been cleaned and decontaminated. If applicable, I have prepared the equipment or FH/BSC/BT according to the guidelines on page 1-3. To the best of my knowledge, this equipment is safe to handle and does not pose a hazardous materials risk to personnel. |   |            |  |   |  |  |  |
| Name: (print)  | Signa   | ature:     |  | Date:   |  |  |  |