

**NOTICE OF LABORATORY AND/ OR EQUIPMENT DECONTAMINATION FORM**

<b>Contact Name:</b>		<b>Phone:</b>	
<b>Department/ PI:</b>		<b>Location of Equipment:</b>	
<b>LAB EQUIPMENT/ SURFACES (e.g. Microwaves, Freezers, Incubators, Water Baths, Centrifuges, Fume Hoods, Biosafety Cabinets, Counter tops, Cabinets, Drawers)</b>			
<b>Type of Equipment:</b>			
<b>Make:</b>	<b>Model No.:</b>	<b>Serial No.:</b>	
<b>Decontamination Method:</b>			
<b>Decontamination Date:</b>			
<b>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 on page 1-3.</b>			
<input type="checkbox"/> <b>Radiological (list):</b>			
<input type="checkbox"/> <b>Biohazard (list):</b>			
<input type="checkbox"/> <b>Chemical ( Toxics/ Corrosives/ Reactives) (list):</b>			
<b>Chemical Fume Hoods (FH) &amp; Biosafety Cabinets (BSC) &amp; Bench Tops (BT) <u>Only</u></b>			
<b>The following actions were taken to prepare the FH, BSC, or BT for repair/maintenance/Certification:</b>			
<input type="checkbox"/> <b>Stopped all experiments and or manipulation in the FH, BSC, or BT</b>	<input type="checkbox"/> <b>All materials and apparatus have been removed from the interior</b>	<input type="checkbox"/> <b>All surfaces (interior and exterior) have been properly decontaminated</b>	<input type="checkbox"/> <b>Obstructions have been removed to allow access to the FH, BSC, or BT</b>
<input type="checkbox"/> <b>The equipment to be serviced must not be used until repair/maintenance is complete.</b>			
<input type="checkbox"/> <b>The equipment to be disposed of has been removed from the UCF Inventory.</b>			

*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.*

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**Name: (print)** **Signature:** **Date:**