

EASTERN MICHIGAN UNIVERSITY EQUIPMENT DECONTAMINATION FORM

Use this form whenever equipment has the potential for biological, chemical or radiological contamination and is in need of repair and/or relocation. This form must be completed by the supervisor/employee requesting the equipment repair/relocation. The employee repairing the equipment must also sign off on this form.

Equipment (make, model & type) : _____

Malfunction reported, if applicable: _____

Building & Room number: _____

Check all applicable materials the equipment has come in contact with:

Chemical Biological Radiological

Please list materials: _____

Measures taken to remove the chemical, biological and/or radiological residue:

If complete decontamination is not possible, the equipment must be labeled/tagged as contaminated. Please list all precautionary measures required to safely service and/or relocate the equipment:

The above equipment has been cleaned and decontaminated to the best of our ability, of all chemical, biological and/or radiological residues unless otherwise noted.

Signature of supervisor/employee requesting repair/relocation: _____

Printed name of requestor: _____ Date: _____

The above equipment appears to have been cleaned of hazardous contamination.

Signature of employee repairing/relocating equipment: _____

Printed name of repair/relocation person: _____ Date: _____