



DEARBORN

**FACILITIES OPERATIONS  
ENVIRONMENTAL HEALTH & SAFETY**

## Laboratory Equipment Decontamination Form

### Equipment Owner

Principal Investigator:

Department:

Laboratory Manager:

Contact Phone Number:

Building:

Room Number:

### Equipment Information

Equipment Type/Model #:

Serial Number:

Service/Transportation/Disposal Provider:

Service to be performed:

**RADIOACTIVE MATERIALS:** If radioactive materials were used or stored in the equipment, contact the Ann Arbor campus OSEH- **Radiation Safety Services (RSS)** at 734.764.4420 to have them conduct a radiation survey of the equipment.

Did the **RSS survey** indicate undetectable levels of radioactive contamination? (Check one)

Yes

No

N/A

**Certification of Decontamination:** I certify that the above referenced laboratory equipment has been thoroughly cleaned and decontaminated of all *chemical, biological, and radioactive* contaminants.

Name:

Signature:

Date:

**Complete and attach this form to equipment that is sent outside the laboratory for repair or disposition/disposal. Contact Dearborn campus EHS @ 313.583.6679 for questions about decontamination or completing the form.**