



Equipment Clearance Form

(Attach form to equipment)

If laboratory equipment is to be removed from service for maintenance, relocation, transportation for storage, or surplus/disposal, this form must be completed by laboratory personnel and attached to the equipment before such action is taken.

PI: _____ Department: _____
Building: _____ Room #: _____
Equipment: _____
Brand: _____
Model #: _____ Serial #: _____
UArk ID #: _____ FAMA Asset # _____
Contact: _____ E-mail: _____ Phone #: _____

CHECK ALL POTENTIAL CONTAMINANTS

(before cleaning / decontaminating)

_____ *Biological _____ Chemical _____ **Radioactive _____ No hazard

*Biological Safety Cabinets:

An approved BSC contractor must decontaminate BSC prior to surplus and scrapping. Call the BSO (479-575-3533) to set up service.

**RADIOACTIVE MATERIALS:

If radioactive materials were used or stored in the equipment, call the RSO (479-575-3379) to arrange for appropriate survey/wipe test.

- Do you have a confirmation letter from Radiation Safety indicating that the equipment has been surveyed and is free from removable contamination?
Yes _____ No _____
(Please attached copy of letter to the equipment)?

EQUIPMENT CLEANING:

List actions taken to clean/decontaminate equipment:

EQUIPMENT OWNER:

I certify that the above lab equipment has been cleaned and decontaminated of all chemical, biological and radioactive contaminants.

Name: _____ Date: ____ / ____ / ____