

### EQUIPMENT DECONTAMINATION REPORT

**Complete and sign the document before:**

- sending out laboratory apparatus or equipment for repair or service
- arranging for on-site servicing
- disposing unwanted equipment
- moving laboratory furniture or equipment to a new location

Attach the completed EQUIPMENT DECONTAMINATION tag to the equipment and to the outside of the shipping container if sent out for servicing. Keep a copy of the Equipment Decontamination Report for your records.

<b>Description of equipment</b>	_____
<b>Manufacturer</b>	_____
<b>Model/Type</b>	_____
<b>Serial Number</b>	_____
<b>Usual Location</b>	_____

### DECONTAMINATION PROCEDURES

#### 1. RADIOACTIVITY

Has this equipment been in contact with RADIOACTIVE substances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, list the isotopes and describe the decontamination procedure:		
<p>N.B.: For non-fixed surface contamination, decontaminate to <math>\leq 0.05\text{Bq/cm}^2</math> for alpha emitters or to <math>\leq 0.5\text{Bq/cm}^2</math> for all other emitters. For details, consult the McGill Radiation Safety Policy Manual.</p>		
Decontamination performed by:	_____	_____
	Name	Signature
Date	_____	

#### 2. BIOHAZARDS

Has this equipment been in contact with BIOHAZARDOUS substances, as defined in Section 1.1 of the McGill Biosafety Manual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, indicate which materials and describe the decontamination procedure:		
<p>Decontamination performed by:</p>		
	_____	_____
	Name	Signature
Date	_____	

### 3. CHEMICALS

Has this equipment been in contact with hazardous CHEMICALS; for example, sensitizers, toxins, carcinogens, mutagens, teratogens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, list the chemical or group of chemicals and describe the decontamination procedure:		
Decontamination performed by: _____	_____ Name	_____ Signature
Date _____		

### 4. LASER RADIATION

Has this equipment been in contact with BIOHAZARDOUS, CHEMICALS, RADIOACTIVE substances or is there presence of PHYSICAL hazards as defined in the McGill Laser Safety Manual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, indicate which materials or hazards and describe the decontamination procedure or method used to remove the hazard:		
Decontamination performed by: _____	_____ Name	_____ Signature
Date _____		

Owner's statement: I certify that the equipment has been decontaminated as described above	
_____ Name	_____ Signature
_____ Department, Building, Room number	_____ Telephone