

CERTIFICATE OF EQUIPMENT DECONTAMINATION

This document must be completed and signed by the owner before:

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

Attach the completed and signed CERTIFICATE OF EQUIPMENT DECONTAMINATION to the instrument and to the outside of the shipping container if sent out for servicing. Keep a copy for your records.

| | |
|--------------------------|--|
| Description of equipment | |
| Manufacturer | |
| Model/Type | |
| Serial Number | |

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: | | |
| | | |
| N.B.: Decontaminate to $\leq 0.05\text{Bq/cm}^2$ for alpha emitters or to $\leq 0.5\text{Bq/cm}^2$ for all other emitters. For details, consult the McGill Radiation Safety Policy Manual. | | |
| 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 Laboratory Biosafety Manual? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, indicate which materials and describe the decontamination procedure: | | |
| | | |
| Decontamination performed by: _____ | 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 chemicals and describe the decontamination procedure: | | |
| | | |
| 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 |