Surplus Equipment
DECONTAMINATION FORM

Date: ______________________

Department name: _______________________________________________________

Contact Person: ___________________ Phone Number ________________

Item Description: _________________________________________________________

UT Tag No: ___________ Serial Number: ________________

Item Location: ____________________________________________________________

☐ This equipment has been thoroughly cleaned and contains no radioactive, chemical, or
biological residues.

BIOHAZARDS:
☐ Not used ☐ Used, but decontaminated, method: ________________________________

HAZARDOUS CHEMICALS:
☐ Not used ☐ Used, but decontaminated, method: ________________________________

RADIOACTIVE MATERIALS:
☐ Not used ☐ Used, but decontaminated, method: ________________________________

Statement of Safety:

I certify that I, (please print) __________________ Have thoroughly cleaned
and/or decontaminated this equipment and tested it for radiation level, eliminating any
potential hazard(s) from bio-hazardous materials, radiation, or chemicals.

Signature: _____________________________ Date: ____________________________
(Signature of technician or designee)

PLEASE SUBMIT COPY OF COMPLETED FORM WITH YOUR REQUEST FOR
SURPLUS PROPERTY PICK-UP.

ATTACH ORIGINAL DECONTAMINATION FORM TO EQUIPMENT TO BE
PICKED-UP.

8/10/06