

CERTIFICATE OF EQUIPMENT DECOMMISSION

Please note that no one should be exposed to hazardous products whenever equipment is decommissioned or disposed of. Therefore decontamination must be done by lab members **before** any repair, transfer or disposal.

Complete and sign this form **before** sending laboratory furniture, apparatus or equipment for repair, relocation or disposal, and before on-site servicing. Attach the certificate to the item and keep a copy for your records.

Description of equipment	
Manufacturer	
Model/Type	
Serial Number	

Type of Hazard	YES	NO
Chemicals: Has this equipment been in contact with HAZARDOUS MATERIALS (for example: sensitizers, toxics, carcinogens, mutagens, teratogens)?	<input type="checkbox"/>	<input type="checkbox"/>
Biohazards / Biological materials: Has this equipment been in contact with any BIOLOGICAL MATERIAL <i>as defined in Section 1.1 of Concordia's Biosafety Manual</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive materials / Radioactivity: Has this equipment been in contact with NUCLEAR SUBSTANCES <i>as defined in the section iii of the Radiation Safety Manual</i> ? List the isotopes and describe the decontamination procedure on page 2. Decontaminate to $\leq 0.03\text{Bq/cm}^2$ for Class A emitters or to $\leq 30\text{Bq/cm}^2$ for Class C emitters. Decontamination form number: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is there any electrical connection remaining?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any remaining connection to compressed air or compressed gas?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any residual part under pressure or any residual energy left in the equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any moving parts? Have you performed the appropriate lock-out procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Other hazards (please specify in page 2). _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Decontamination procedure description:

For each of the hazard category specified in page one, please describe the decontamination procedure completed.

Decontamination performed by:

Name	Signature	Date
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Owner's statement:

I certify that the equipment has been decontaminated as described above and that I am not aware of any other items or special circumstances that are not listed on this form.

Name	Signature
Department, Building, Room number	Telephone