



## Laboratory and Medical Equipment Decontamination and Disposal Procedure

Document location: [www.fgcu.edu/ehs](http://www.fgcu.edu/ehs)

Equipment that is or may be contaminated with a chemical, biological, radioactive or other hazardous material must be decontaminated before it is:

- Repaired;
- Moved:
  - By FGCU
  - By commercial company
  - Through public areas (elevators, public corridors, etc.)
- Disposed of/surveyed out of FGCU Inventory
- Shipped offsite (i.e. back to vendor, to another building etc.)
- Sent out for repair or maintenance (Please also contact the company doing the repair to find out their company policy for decontamination)

**Note: \*Biosafety Cabinets (BSCs, biosafety “hoods”) used with biohazards must be decontaminated before moving, surveying out/disposing of, or repair of contaminated plenums within the cabinet.**

### Instructions:

1. Complete the information on the following page. The signature of the person decontaminating the equipment as well as the Property Manager is required.
2. Email the form to [ehs@fgcu.edu](mailto:ehs@fgcu.edu).
3. EH&S will review the form to ensure the decontamination method used is appropriate and sign the form. The form will be returned to you.
4. Affix the completed form to the equipment and remove any biohazard sticker on the equipment.
5. Proceed with repair, move, pick up, etc.

For more information contact:

EH&S at 239-590-1414



# Laboratory and Medical Equipment Decontamination and Disposal Form

Environmental Health & Safety

ehs@fgcu.edu

Phone: (239) 590-1414

Office of the Controller

property@fgcu.edu

Phone: (239) 590-1228

**\*\*\* This form is required for Laboratory and Medical Equipment regardless of its value \*\*\***

Dept Org Number: \_\_\_\_\_

Dept. Name: \_\_\_\_\_

Property Manager Name: \_\_\_\_\_

Lab Manager Name: \_\_\_\_\_

Equipment Ptag # (if applicable): \_\_\_\_\_

Eq Description: \_\_\_\_\_

Equipment Location: \_\_\_\_\_

Eq Serial No: \_\_\_\_\_

**Equipment contains or has contained the following (Check if applicable):**

Lead \_\_\_\_\_ Asbestos \_\_\_\_\_ Biological Agents (List): \_\_\_\_\_

Mercury \_\_\_\_\_ Radioactive Materials \_\_\_\_\_

Oil \_\_\_\_\_ Refrigerant Gas (Freon) \_\_\_\_\_ Other: \_\_\_\_\_

**Equipment has never been used with or contained any of the items listed above:**

Unit was cleaned with detergent by (print name) \_\_\_\_\_ on (date) \_\_\_\_\_

**Proposed Decontamination Procedures:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Equipment Disposal Method:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decontamination Certification:**

I certify that the above referenced equipment has been properly decontaminated using the method approved by FGCU Environmental Health & Safety (EH&S) and that the equipment is safe for disposal.

\_\_\_\_\_  
Lab Manager Name (Print)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Property Manager Name (Print)

\_\_\_\_\_  
Signature Date

**Environmental Health & Safety Approval:**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature Date

**NOTE: This form must accompany the Relief from Property Accountability form for University tagged equipment.**