



Laboratory and Medical Equipment Decontamination and Disposal Form

Environmental Health & Safety

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***** 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.