



# 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.**