

EQUIPMENT DECONTAMINATION FORM



Equipment that has been used with hazardous materials must be decontaminated before it can be discarded, moved, repaired, or recycled. Directions: complete the below form and return to EHS via email (ehs@med.cornell.edu). If you have any questions about decontaminating your equipment, contact EHS at 646-962-7233. EHS will review proper decontamination and disposal recommendations, and returned the EHS signed form to you. Once you receive the signed Equipment Decontamination Form from EHS, please ensure the equipment is appropriately decontaminated, post this form on the decontaminated equipment, and save an additional copy for your records.

EQUIPMENT LOCATION AND TYPE			
Building/Room:		Equipment Description:	
Manufacturer & Model #:		Serial Number:	WCMC Equipment Tag # (if applicable):
EQUIPMENT DISPOSITION AND HAZARDOUS MATERIALS USAGE			
This equipment is being:			
<input type="checkbox"/> Discarded <input type="checkbox"/> Repaired <input type="checkbox"/> Relocated <input type="checkbox"/> Returned <input type="checkbox"/> Other (Specify): _____			
If this is being discarded , indicate how it will be disposed of:		Indicate who will be processing this equipment:	
This equipment:			
<input type="checkbox"/> Has never been used with radiological, chemical, or biological agents. Date cleaned: _____ **NOTE: Equipment must still be cleaned with detergent solution.			
<input type="checkbox"/> Has been used with the following materials:			
<input type="checkbox"/> Chemical (List chemicals used): _____			
<input type="checkbox"/> Biological (List biological agents used): _____			
<input type="checkbox"/> Radiological (List radioisotopes used): _____			
Date cleared: _____ Cleared by Radiation Personnel: _____			
EQUIPMENT DECONTAMINATION PROCESS AND PERSONNEL			
This equipment has been cleaned with (describe the process/agent which is suitable for deactivating/removing/disinfecting the hazardous materials):			
Name and Title of Person Performing the Cleaning:		CWID:	
Signature:		Date:	
EQUIPMENT OWNER REVIEW AND APPROVAL			
Name of Department Administrator or Official:		Signature:	Department Name:
EHS ONLY - EHS REVIEW			
Comments:		EHS Incident #:	Date:
EHS Reviewer Name:		Title:	Signature:



QUESTIONS? ENVIRONMENTAL HEALTH AND SAFETY

CALL 646-962-7233 ONLINE weill.cornell.edu/ehs EMAIL ehs@med.cornell.edu
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