

# Equipment Decommissioning Form

## 1.0 – Location of Equipment

Department	
Principal Investigator (PI)	
PI Phone	
PI Email	
Lab Building and Room #	

## 2.0 – Equipment Information [Use a separate form for each piece of equipment]

**Note:** This form should be used for all equipment as defined in the Decommissioning policy (*i.e.*, centrifuge, water bath, incubator, freezer, refrigerator, biological safety cabinet\*, chemical fume hood\*, laser, X-ray, etc).

Equipment Type	
Manufacturer / Model # / Serial #	
Reason for Disposal	

\*Call EH&S for additional requirements.

## 3.0 – Equipment Transfer Type

- Surplus     
  Another Institution     
  Maintenance     
  Another Lab Assigned to Same PI  
  
 Another PI/Department Room (List Building & Room):

## 4.0 – Decontamination Status [Check Option 1 or Option 2]

- Option 1: This Equipment has never been in contact with biological, chemical, radioactive, and/or other hazardous materials and has/does not contain a radioactive source, X-ray tube or hazardous laser equipment (lasers classed as 3B or 4) (Proceed to 5.0).  
  
 Option 2: This equipment has had prior contact with biological, chemical, and/or radioactive materials and/or has (does) contain a radioactive source, X-ray tube, or hazardous (Class 3B or 4) laser.

**Note:** All equipment inside laboratories restricted for unsealed radioactive material use must be surveyed by Radiation Safety Staff before the equipment leaves the laboratory.

Below, indicate the type of potential contamination and describe how the equipment was thoroughly cleaned and decontaminated:

Contamination/Equipment	Yes	No	Describe Decontamination Method
Hazardous Chemicals	<input type="radio"/>	<input type="radio"/>	
Biohazard/Infectious Materials	<input type="radio"/>	<input type="radio"/>	
Equipment in direct contact with Unsealed Radioactive Materials (RAM)*	<input type="radio"/>	<input type="radio"/>	
Other equipment inside a lab where Unsealed RAM* was used	<input type="radio"/>	<input type="radio"/>	
Radioactive Sealed or Unsealed Source*	<input type="radio"/>	<input type="radio"/>	Contact Radiation Safety (803) 777-7530
X-Ray Machine *	<input type="radio"/>	<input type="radio"/>	Contact Radiation Safety (803) 777-7530
Class 3B and 4 Laser*	<input type="radio"/>	<input type="radio"/>	Contact Radiation Safety (803) 777-7530

\*If **Yes**, a Radiation Safety Staff signature is required.

"I certify that all radioactive material contamination and/or sources have been removed and this equipment/item is acceptable for unrestricted use. If applicable, all electronic sources of ionizing and/or non-ionizing hazardous radiation have been removed from the equipment or the unit cannot be powered. If applicable; all beryllium metals in X-ray tubes or detectors have either been removed or the equipment posted with warnings to not shred beryllium and a beryllium safety data sheet has been attached to the equipment.

\_\_\_\_\_  
Radiation Safety Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

### 5.0 – Authorization

"I certify that 1.) this equipment has never been in contact with biological, chemical, radioactive or other hazardous materials and has/does not contain a radioactive source, X-ray tube or hazardous (Class 3B or 4) laser or 2.) I have indicated all hazardous sources and potential contamination and that all equipment has been cleaned and decommissioned following the methods indicated above.

This section must be completed by the individual completing the equipment decontamination:

Name (Print):	Title:
Signature:	Date:
Office/Lab Phone:	Email:

“I certify that I am the Principal Investigator (PI) or equipment owner and, to the best of my knowledge, the information recorded on this form is complete and accurate. I further certify that the person completing the decontamination as indicated above has been adequately trained and was provided with the appropriate personal protective equipment to perform the decontamination. This equipment is now safe for removal from my laboratory and does not pose a risk to the receiver.

This section must be completed by the Principal Investigator or Equipment Owner:

Name (Print):	Title:
Signature:	Date:

FOR PROPERTY TRANSFERS OR SURPLUS PICK-UP:

SUBMIT A SIGNED COPY OF THIS FORM TO THE RECEIVING ENTITY.

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**Environmental Health & Safety (EH&S) is not responsible for ensuring the decontamination of any equipment or furniture. If you have questions about this policy or need guidance on proper decontamination methods or requirements, please contact the [EH&S Office of Research Safety](#). It is the equipment owner’s responsibility to ensure the proper procedures are followed according to USC policies prior to the release of laboratory equipment to any receiving entity.**