**Initial Preparation**

Equipment should be unplugged. All materials inside should be removed and properly discarded or decontaminated. If the equipment is to be moved, all cords must be bundled and tied so that they will not drag across the floor and pose a tripping hazard.

Fridges and freezers must be defrosted and allowed to come up to room temperature prior to decontamination. All materials used to soak up the thawed water should be either:

* Collected in autoclave bags and sent for autoclaving (for biohazardous waste).
* Sent for disposal as radioactive liquid waste (**only** when wipe tests show contamination in the water).

Incubators and other equipment with water temperature jackets must be completely drained if they are to be moved or sent for surplus.

Biological Safety Cabinets (BSCs) must be decontaminated by EHS or qualified contractors. Do not use this for with a BSC.

**Decontamination Procedure**

**Biohazards**

In order to properly decontaminate equipment which may have been used with a variety of biohazards, 10% bleach should be used, with a contact time of 10 minutes. Note: 10% bleach may be corrosive to metal surfaces. Following decontamination with 10% bleach, rinse surfaces with water to prevent corrosion.

**Radiation**

For all equipment used with for radioisotope work and/or storage, a wipe test must be performed on all exterior and exposed interior surfaces of the equipment.

**Note:** Surface contamination that exceeds twice the background count rate must be decontaminated and a follow-up survey performed to ensure that decontamination is successful.

**Chemical**

All exterior and exposed interior surfaces must be cleaned with soapy water.

**Submission of Form**

Completed forms must be signed by the Principal Investigator or departmental designate responsible for the equipment. The form must be attached to the front of the decontaminated item. Supply Management Services (SMS) or repair personnel can then be contacted to arrange for repair or removal of the item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part A.** **Decontamination** | | | | |
| **Building:** | **Room** | | **Department:** | |
| **Item:** | | | **Hazards Used with the Equipment:** | |
| Centrifuge | | | Biohazards | |
| Freezer | | | (cleaned with 10% bleach solution) | |
| Fridge | | | Chemical Hazards | |
| Incubator | | | (cleaned with soapy water) | |
| Liquid Scintillation Counter (LSC)  Location of LSC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (specify): | | | Radiation Hazards | |
| (cleaned and wipe test performed) | |
| **Item Inventory Identification Number:** | | |
|  | |
| **Decontamination Date:** | | **Decontaminant Used:** | | **Contact Time:** |
| **Part B.**  **Signature** | | | | |
| I confirm that the item detailed here has been appropriately decontaminated against the hazards indicated above. This equipment is to be transported to a new location, sent for repair or surplus. Please contact the undersigned with questions pertaining to the decontamination process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Principal Investigator Printed Name Principal Investigator Date (yyyy/mm/dd) | | | | |

NOTE: this form is NOT to be used with Biological Safety Cabinets. Please call EHS at 780-492-0122 for assistance with cabinets.