

U of M Decommissioning Form for Laboratory Equipment

(If items have identical hazards, one form may be used with a list of particulars for each item: U of M property #, Type of Equipment, Make and Serial#)

When Equipment is serviced in the lab by non- lab staff, complete the Lab Hazard Clearance Form **(NOT THIS FORM).**

- When Equipment is leaving the lab**, this form must be completed and signed by EHS (before submitting to Capital Asset Management or Physical Plant). Once equipment is decontaminated, contact EHS to schedule an inspection. *INDICATE if urgency is required or allow up to 2 weeks for EHS approval/ signature in section D.* If the equipment is being disposed, EHS will attach a green **Equipment Disposal** sticker.
- Before the equipment leaves the lab, consider these related University processes:
 - When disposing, donating or selling the lab equipment:** When completing an Asset Disposal Advice Form attach this signed form before submitting to Capital Asset Management.
 - If the lab equipment is to be relocated by Physical Plant or sent for repair within the university:** Fax this completed form to Physical Plant at 474-7547 Fort Garry or 789-3933 Bannatyne and complete an electronic Work Request form at: http://umanitoba.ca/campus/physical_plant/adminss/request/index.php

Section A: Requestor Reason: <input type="checkbox"/> Disposal <input type="checkbox"/> Selling/donating <input type="checkbox"/> Repairs to be done outside lab <input type="checkbox"/> Moving within University		Section B: Equipment Description Type of Equipment:	
Name (Please Print):		U of M Property # OR other ID (specify):	
Department:	Tel:	Make and Model:	
Name of Responsible User:		Serial Number:	
Date requested:	Date Required:	Current Location:	Room Building
		Moving to:	

Section C: To be completed by Responsible User / Lab Staff knowledgeable with Equipment

- How many years of history do you have with this item? _____ If none, have you contacted and consulted with someone that has knowledge of the past use? **No** , or **Yes** If yes, who? _____
- If this equipment is being disposed (garbaged)**, are there any hazardous internal components? **There are none** , or **Unsure**
If **Yes** , please complete the following section to the best of your knowledge:
 Oil? **No** or **if Yes:** oil was removed , or Need EHS help to remove oil
 Asbestos **No** or **if Yes:** describe:
 Lead (shielding or weight) **No** or **Yes**
 Refrigerant (Freon) **No** or **Yes (submit a Work request/ order for removal by Physical Plant)**
 Other, (example Mercury) **Specify:** _____
- Was the manufacturer contacted regarding any specific disposal instructions and hazardous internal components? **No** or **Yes**

Hazardous Material	If never used with	If applicable, record related information in this column	Decontamination Information <i>What was done (check all that apply):</i>
Radioactive material	<input type="checkbox"/>	<input type="checkbox"/> Specify isotope(s) and when:	Radioactive Chemicals <input type="checkbox"/> monitored for radioactive contamination (attach copy of results)
Biological agents including blood and body fluids	<input type="checkbox"/>	<input type="checkbox"/> Specify type and when: <input type="checkbox"/> Check if this is a Biological Safety Cabinet and it has been formaldehyde decontaminated. Refer to EHS document: http://umanitoba.ca/admin/vp_admin/risk_management/ehso/media/Biological_Safety_Cabinet_Certification.pdf	Biological Agents <input type="checkbox"/> 1/5 bleach with 30 min soaking <input type="checkbox"/> 70% ethanol with 30 min soaking <input type="checkbox"/> other - specify type and concentration:
Hazardous material or chemicals used in equipment	<input type="checkbox"/>	<input type="checkbox"/> Specify type and when: <input type="checkbox"/> Check if this is a fume hood and Perchloric Acid was heated in it. Refer to EHS fume hood web page: http://umanitoba.ca/admin/vp_admin/risk_management/ehso/media/Fume_Hood_Repair_and_Servicing.pdf	Minimum requirement; equipment surfaces wiped with water & mild detergent to remove surface dust, debris. <input type="checkbox"/> interior only <input type="checkbox"/> exterior only <input type="checkbox"/> both interior and exterior Date Completed: _____
Sharps (needles, blades, glass) removed and disposed as per Waste Disposal Chart for Labs <input type="checkbox"/>			Done by: (Please Print Name) _____
Hazard labels removed once equipment is decontaminated? <input type="checkbox"/>			Tel #: _____

DECLARATION OF COMPLIANCE: Signature of Responsible User or Departmental Coordinator **confirms information in Section C is accurate.**

Signature:	Print Name and Phone #:	
Section D: Reviewed by EHS	Hazard Decommissioning	EHSA records
Name:	Chemical verified:	EHSA registered equipment updated?
Signature:	Biological verified:	List Permit(s) to be updated:
Date:	Radiation verified:	WHIP to be updated?
	Equipment Disposal sticker attached:	