

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#) Please scan and email the form to DECOMM@umanitoba.ca

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

1. 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.
2. Before the equipment leaves the lab, consider these related University processes:
 - A) **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.
 - B) **If the lab equipment is to be relocated by Physical Plant or sent for repair within the university:** Email this completed form to Physical Plant at ppwod@umanitoba.ca and complete an electronic Work Request form at: https://umanitoba.ca/campus/physical_plant/adminss/request/index.php

Section A: Requestor		Section B: Equipment Description	
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		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			
1. 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 <input type="checkbox"/> , or Yes <input type="checkbox"/> If yes, who? _____			
2. If this equipment is being disposed (garbaged) , are there any hazardous internal components? There are none <input type="checkbox"/> , or Unsure <input type="checkbox"/>			
If Yes <input type="checkbox"/> , please complete the following section to the best of your knowledge:			
Oil? No <input type="checkbox"/> or if Yes: oil was removed <input type="checkbox"/> , or Need EHS help to remove oil <input type="checkbox"/>			
Asbestos No <input type="checkbox"/> or if Yes: <input type="checkbox"/> describe:			
Lead (shielding or weight) No <input type="checkbox"/> or Yes <input type="checkbox"/>			
Refrigerant (Freon) No <input type="checkbox"/> or Yes (submit a Work request/ order for removal by Physical Plant) <input type="checkbox"/>			
Other, (example Mercury) Specify: _____			
3. Was the manufacturer contacted regarding any specific disposal instructions and hazardous internal components? No <input type="checkbox"/> or Yes <input type="checkbox"/>			
Hazardous Material	If never used with	If applicable, record related information in this column	Decontamination Information What was done (check all that apply):
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 <u>Responsible User</u> 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:		