

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](#)

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 submit a Work Request/Order for removal by Physical Plant <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:		