

Lab Equipment Decommissioning Form

This form is required to be completed and submitted to EHSO when equipment is leaving the lab. For equipment to be serviced in the lab by non-lab staff, complete the **Lab Safety – Hazard Clearance Form** (not this form).

1. Complete and send form to decomm@umanitoba.ca *prior to submitting to Capital Asset Management or Physical Plant*).
2. EHSO will schedule a time to inspect, sign off, and attach a green sticker to the equipment. Please allow up to two weeks for this to occur.
3. After obtaining EHSO signature, the Requestor is responsible for the proper disposal or relocation of equipment. Consider if disposal, donation, or selling of the lab equipment is appropriate for you.

Section A: Requestor			
Name:		Department:	
Phone #:		Email:	
Date Requested:		Date Required:	

Section B: Equipment			
Type of Equipment:		Reason:	Disposal Selling/donating Repairs to be done outside lab Moving within University
UM Property # or other ID (specify):		Make and Model:	
Current Location:	Room: Building:	Moving to:	Room: Building:

Section C: Decommissioning			
<i>To be completed by Responsible User/Lab staff knowledgeable with the equipment</i>			
Name of Responsible User:		Phone #:	
How many years of history do you have with this item: If none, have you consulted with someone with knowledge of the past use? Yes No Name of person consulted with:			
Was the manufacturer or owner's manual consulted regarding any specific disposal instructions and hazardous internal components? Yes No			

Hazardous Material	n/a	If applicable, record related information in this column	What was done (check all that apply)
Hazardous Internal Components		Must be completed if item is being disposed. Oil – Submit work order for removal. Asbestos, specify Lead, shielding or weight Refrigerant (freon) – Submit work order for removal. Other, specify	Oil removed Refrigerant removed Other, specify
Radioactive material		Specify isotope(s) and dates:	Radioactive Chemicals: Monitored for radioactive contamination (attach copy of results)

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Hazardous Material	n/a	If applicable, record related information in this column	What was done (check all that apply)
Biological agents including blood and body fluids		Specify type and dates: Check box if this is a Biological Safety Cabinet and it has been formaldehyde decontaminated. Refer to EHSO document, Biological Safety Cabinet Certification .	Biological Agents 1/5 bleach with 30 min soaking 70% ethanol with 30 min soaking Other – specify type and concentration:
Other hazardous materials or chemicals used in equipment		Specify type and dates: Check box if this is a Fume Hood and perchloric acid was heated in it.	Minimum requirement: Equipment surfaces wiped with water and mild detergent to remove surface dust and debris.
Sharps		e.g., needles, blades, glass.	Removed and disposed of as per proper waste disposal procedures

Remove hazard labels once equipment has been decontaminated. Complete

Date Completed:

Done by:

(Please print name)

Phone #:

Sign-off:

I declare that the information in Section C is accurate to the best of my knowledge and capabilities and that any additional hazards that need to be shared about the equipment have been shared with EHSO.

Date:

Signature:

Section D: EHSO Review

Reviewed by EHSO	Hazard Decommissioning	Records
Name (print):	Chemical verified:	EHSA registered equipment updated?
Signature:	Biological verified:	List Permit(s) to be updated:
Date:	Radiation verified:	WHIP to be updated?
	Sticker attached:	