





2. BIOHAZARDS

Has this equipment been in contact with BIOHAZARDOUS substances, as defined in Section 1.1 of the Laboratory Biosafety Manual?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, indicate which materials and describe the decontamination procedure:		
Decontamination performed by: _____		
Name		Signature
Date _____		

3. CHEMICALS

Has this equipment been in contact with hazardous CHEMICALS; for example, sensitizers, toxins, carcinogens, mutagens, teratogens?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, list the chemicals and describe the decontamination procedure:		
Decontamination performed by: _____		
Name		Signature
Date _____		

Owner's statement: I certify that the equipment has been decontaminated as described above	
_____	_____
Name	Signature
_____	_____
Department, Building, Room number	Telephone