

# EQUIPMENT CLEARANCE FORM

Equipment that has been used with hazardous materials must be decontaminated before it can be discarded, moved, repaired, or recycled.

**Directions:** This form replaces the EHSR Equipment Decontamination Form. Contact EHSR at 215-707-2520 if you have any questions about decontaminating your equipment. Complete the below form and return to EHSR via email ([ehrs@temple.edu](mailto:ehrs@temple.edu)). EHSR will review the form and return the signed EHSR form to you. Post the signed copy of the form on the decontaminated equipment and save an additional copy for your records.

EQUIPMENT LOCATION AND TYPE		
Building and Room #		Equipment Description
Manufacturer & Model #	Serial Number	TU Equipment Tag# <i>(if applicable)</i>
EQUIPMENT DISPOSITION AND HAZARDOUS MATERIALS USAGE		
This equipment is being:		
<input type="checkbox"/> Discarded <input type="checkbox"/> Repaired <input type="checkbox"/> Relocated <input type="checkbox"/> Returned <input type="checkbox"/> Other (specify): _____		
If this is being discarded, indicate how it will be disposed of:		Indicate who will be processing this equipment:
This equipment:		
<input type="checkbox"/> Has never been used with radiological, chemical or biological agents. <span style="color: red;">NOTE: Equipment must still be cleaned with detergent solution. Date cleaned: _____</span>		
<input type="checkbox"/> Has been used with the following materials: <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiological		
EQUIPMENT DECONTAMINATION PROCESS AND PERSONNEL		
This equipment has been cleaned with (describe the process/agent which is suitable for deactivating/removing/disinfecting the hazardous materials):		
Name and Title of Person Performing the Cleaning		TUID#
Signature		Date
EQUIPMENT OWNER REVIEW AND APPROVAL		
Name of PI or Department Administrator	Signature	Department Name
EHSR REVIEW (FOR EHSR USE ONLY)		
Visual signs of contamination were negative: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
EHSR Reviewer Name	Signature	Date