

Please make sure freezers are defrosted.

Scientific Equipment and Appliance

Decommissioning Check-List

The following items <u>must</u> be completed and signed by the department requesting a pickup, prior to removal of any appliance or scientific equipment by Facilities & Services (F&S) or a recycler.

| Equipment Make: | Model: | Serial: |
|------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| Did the appliance or instrum (Check those that apply) Chemicals | ment ever store, use or come in Biological Materials | n contact with the following materials? Radioactive Materials |
| If the Appliance or Equipm N/A for the corresponding | | ne in contact with a particular material, mar |
| If you have a question on h contact DRS at 333-2755. | ow to dispose materials found | in the equipment or appliance properly, |
| CHEMICALS | | Date Completed or N/A |
| 1. Remove all chemicals in the refrigerant – F&S m | | |
| 2. Clean and decontamina | □ N/A | |
| 3. Remove any chemical h | □ N/A | |
| BIOLOGICAL MATERI | AT | |
| Remove all biological m | e. \square N/A | |
| 2. Clean and decontamina | □ N/A | |
| 3. Remove all Biohazard la | □ N/A | |
| RADIOACTIVE MATEI | RIAI | |
| 1. Remove all radioactive : | □ N/A | |
| 2. Perform contamination | necessary. N/A | |
| 3. Remove all Radioactive | □ N/A | |
| I certify that the informatio | n above is true and accurate. | |
| Name (Print): | F | Phone: |
| Signature: | | |