

EQUIPMENT TRANSFER CERTIFICATION LOG # _____

*This form must be completed by the appropriate **Principal Investigator (PI)/Supervisor** when equipment that may have contained or been contaminated with hazardous materials is ready for transfer or disposal. Upon receipt of this form, OEHS will provide the PI/Supervisor with a signed inspection sticker to place on the equipment or with special instructions for equipment that cannot be decontaminated, cleaned, or have hazardous materials removed prior to transfer or disposal.*

Responsible Department:		Department Head:	
Principal Investigator:		Phone: Email:	
Departmental Safety Rep:		Phone: Email:	
Location of Equipment Campus: Building: Room No:		Description of Equipment/Disposition	
In preparation for transfer of the above-indicated equipment, I hereby certify that: YES No NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. All biological materials have been removed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Any biological safety cabinets/fume hoods have been evaluated by OEHS and suggested decontamination protocols have been followed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. All radioactive materials and sources have been removed, transferred to another principal investigator or turned over to the OEHS Radiation Safety Officer for disposal. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. All chemicals have been removed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. All surfaces of the equipment have been disinfected, cleaned or decontaminated to ensure that no biological, chemical, or radioactive contamination remains. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. All sharps have been removed. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. No lead shielding remains. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. All hazard warning labels/symbols (BIOHAZARD, Radiation, etc.) have been removed. Explain any NO answers:			
_____ Principal Investigator/Supervisor		_____ Date	
If equipment could not be decontaminated or hazardous materials removed, I hereby certify that the portions which remain contaminated are labeled with appropriate warnings and affected personnel will be notified prior to handling so that appropriate precautions can be taken.			
_____ Principal Investigator/Supervisor		_____ Date	
This Equipment Transfer Certification form has been reviewed by OEHS and the following action taken: <input type="checkbox"/> Equipment was inspected by OEHS and sticker was applied. <input type="checkbox"/> Signed inspection sticker was issued to PI/Supervisor. <input type="checkbox"/> Special instructions were provided to PI/Supervisor.			
_____ OEHS Representative		_____ Date	

Distribution: Send to Office of Env. Health & Safety (OEHS) TW-16 (Fax 988-1693); Retain copy for department
File: OEHS 8-6 EquipmentTransferCertificate(Rev.10/07)