

Equipment Release Form

Date: _____ Location of Origin: _____

Principal Investigator: _____

Destination/Service Department: _____

Service To Be Performed: _____

Type of Equipment: _____

Contaminated (Yes/No): _____

Contaminants Identified/Suspected: _____

Method of Decontamination: _____

Name of Person Decontaminating: _____

I certify that the above listed equipment is free of contamination or hazardous agents, and that it is safe to release to unrestricted areas and/or perform the work described above on this equipment.

Signature of Responsible Person