

BSBS Surplus Form

Please fill out the following and send to Roberto.Medina@ucf.edu
All Lab equipment requires a decontamination form attached

Requester:

Tag Color:

UCF Tag:

Quantity:

Serial Number:

Description:

Building:

Room:

Cost:

Category:

Condition:

Reason for being Surplus:

Does this item require a decontamination form?

Yes

No

Does this item have a refrigeration component?

Yes

No



**College of
Medicine**

NOTICE OF LABORATORY AND/ OR EQUIPMENT DECONTAMINATION FORM

Contact Name:		Phone:	
Department/ PI:		Location of Equipment:	
LAB EQUIPMENT/ SURFACES (e.g. Microwaves, Freezers, Incubators, Water Baths, Centrifuges, Fume Hoods, Biosafety Cabinets, Counter tops, Cabinets, Drawers)			
Type of Equipment:			
Make:	Model No.:	Serial No.:	
Decontamination Method:			
Decontamination Date:			
HAZARDS: To the best of my knowledge, the following hazardous materials were used and/or stored in the equipment that was decontaminated according to the guidelines on page 1-3.			
Radiological (list):			
Biohazard (list):			
Chemical (Toxics/ Corrosives/ Reactives) (list):			
Chemical Fume Hoods (FH) & Biosafety Cabinets (BSC) & Bench Tops (BT) <u>Only</u>			
The following actions were taken to prepare the FH, BSC, or BT for repair/maintenance/Certification:			
Stopped all experiments and/or manipulation in the FH, BSC, or BT	All materials and apparatus have been removed from the interior	All surfaces (interior and exterior) have been properly decontaminated	Obstructions have been removed to allow access to the FH, BSC, or BT
The equipment to be serviced must not be used until repair/maintenance is complete.			
The equipment to be disposed of has been removed from the UCF Inventory.			

<p><i>I have removed all known hazardous materials from this equipment. All exposed surfaces have been cleaned and decontaminated. If applicable, I have prepared the equipment or FH/BSC/BT according to the guidelines on page 1-3. To the best of my knowledge, this equipment is safe to handle and does not pose a hazardous materials risk to personnel.</i></p>		
<p>_____</p> <p>Name: (print)</p>	<p>_____</p> <p>Signature:</p>	<p>_____</p> <p>Date:</p>