



Equipment Decontamination Form

Principal Investigator or Area Supervisor Information:

Name:	Department:
Email:	Building:
Phone:	Room:

Equipment Information:

Equipment Type:	Model:
Serial Number:	Inventory Number:

Potential Contaminant(s):

- Biological
 Chemical
 Radiological

Decontamination:

Biological:

- Surface disinfection with 10% bleach solution ***OR***
- Surface disinfection with an alternative EPA-registered disinfectant (**NOTE:** alcohol is insufficient).
Please indicate the disinfectant:
- Professional fumigation (**required** for BSCs that will be removed from a research space).
Please attach accompanying documentation.
- Following decontamination, biohazard stickers have been removed (if applicable).

Chemical:

- Soap & water.
- Following decontamination, hazard stickers have been removed (if applicable).

Radiological: Contact EH&S Radiation Safety radiationsafety@ehs.msstate.edu for decommissioning.

Certification:

I attest that the equipment was thoroughly decontaminated in accordance with the information detailed in this form.

Printed Name:	
Signature:	Date:

Attach the completed form to the respective equipment and email a copy to: ehs@msstate.edu