

Surface & Equipment Decontamination Form

Printing legibly, complete and attach this form to the Laboratory Decommissioning Checklist.

Lab Location: Building: _____ Room Number: _____

Name of Person Performing Decontamination: _____ Date: _____

Specific equipment / surface location : _____

Chemical Contaminant: _____

Decontamination Procedure Description (i.e. solutions used, etc.) _____

Specific equipment / surface location : _____

Chemical Contaminant: _____

Decontamination Procedure Description (i.e. solutions used, etc.) _____

Specific equipment / surface location : _____

Chemical Contaminant: _____

Decontamination Procedure Description (i.e. solutions used, etc.) _____
