



Northeastern University

Environmental Health & Safety

Equipment Decontamination Form

General Information

Principal Investigator:	Department:
Building/Room:	Phone Number:

Equipment

Equipment Type:	Equipment Serial Number:
Company Transporting/Disposing of Equipment:	
Service to be performed:	

Potential Contaminants

Chemical:
Biological:
Radioactive:
Decontamination Procedure Performed:

Equipment Owner: I certify that the above laboratory equipment has been thoroughly cleaned and decontaminated of all chemical, biological and radioactive contaminants.

PI Signature _____ Date _____

Department Safety Officer Signature _____ Date _____