

Certification that Property is Free from Hazards

NIH Decal No. (<i>Serial no. if no decal no.</i>)	Description
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1. Check each type of hazardous material that has been used with or is contained in this property. If there is no hazardous material, check "none" for each hazard.
2. Decontaminate the property according to the procedures referenced below.
3. Complete the certification at the bottom.

Contains Hazard	Decontaminated or removed	None	Hazard Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BIOLOGICAL <i>Reference:</i> Occupational Safety and Health Branch policy memo, "Biological Decontamination of Scientific Equipment." Call 301-496-2346 for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL <i>Reference:</i> Occupational Safety and Health Branch policy memo, "Chemical Decontamination of Scientific Equipment." Call 301-496-2346 for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADIOLOGICAL <i>Reference:</i> Radiation Safety Branch policy memo, "Clearance Procedures for Surplus Equipment." Call 301-496-5774 for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OIL, HEAVY METAL <i>(e.g., lead, mercury)</i> or other hazardous material. Call 301-496-7990 for assistance.

Property used with radioactive materials requires clearance by the Radiation Safety Authorized Investigator. Phone RSB to obtain a copy of clearance procedures or for the name of the designated Authorized Investigator for a radioactive materials laboratory. If the item is a LIQUID SCINTILLATION or GAMMA COUNTER, a final clearance by RSB is **MANDATORY!** Call your RSB Area Health Physicist at 301-496-5774 to obtain this clearance.

I HEREBY CERTIFY that this property is free of hazardous materials or has been decontaminated in accordance with the appropriate procedures referenced above (or that the property has not been used with any of the materials listed above).

Signature of last user or lab/branch/clinic supervisor	
Name (<i>please print</i>)	Date
Title	IC
Building/Room	Phone No.