

EQUIPMENT RELEASE FORM

Date: _____ Location of Origin: _____

Principal Investigator: _____

Destination/Service Department: _____

Service to be performed: _____

Type of Equipment: _____

Contaminated (Yes/NO): _____

Contaminants Identified or Suspected: _____

- ☐ Chemical
- ☐ Biological
- ☐ Radiation
- ☐ NONE

Method of Decontamination: _____

Name of Person Decontaminating: _____

Please Print and sign

- ☐ Do not send this unit for resale
 - ☐ Send unit for resale

I certify that the above listed equipment is free of contamination or hazardous agents and it is safe to release to unrestricted areas and/or to perform any service work described above.

Signature of Responsible Person