

S-3 Surplus Equipment Decontamination Form

Date: _____

Department Name: _____

Contact Person: _____ Phone Number: _____

Item Location: _____

Item Description: _____

UT Inventory Tag Number: _____ Serial Number: _____

This Equipment HAS BEEN thoroughly cleaned and contains no radioactive, chemical, or biological residues.



BIOHAZARD(S):

Not Used Used, but decontaminated. Method used: _____



HAZARDOUS CHEMICAL(S):

Not Used Used, but decontaminated. Method used: _____



RADIOACTIVE MATERIAL(S)

Not Used Used, but decontaminated. Method used: _____

Statement of Safety

I certify that I, (print name) _____ have thoroughly cleaned and/or decontaminated this equipment and tested it for radiation level, eliminating any potential hazard(s) from Bio-Hazardous Materials, Radiation, or Chemicals.

Signature: _____ Date: _____

(Signature of technician or designee)

Please submit a copy of completed S-3 Form(s) along with the S-1 Surplus Property Transaction Form to Surplus PRIOR to pick up by Logistics. S-3 Form(s) must be completed and approved by Safety Affairs. Use an individual form for each item that requires decontamination.

ATTACH ORIGINAL DECONTAMINATION FORM TO EQUIPMENT TO BE PICKED UP