

# Property Services/Facilities Management/Environmental Health & Safety Equipment Disposal/Resale Form

**Form Instructions:** Client is responsible for completing this form and submitting to Property Services or Facilities Management to facilitate the disposal/resale process. Client may need to consult with Property Services, Facilities Management or EH&S for assistance. Please remit a copy of this completed form to EH&S - UCB 413, attach a copy of the form to the equipment, and keep a copy for your records.

**Purpose:** For client to assure that equipment (and immediate work area) is not contaminated with any hazardous materials or chemical residues and is safe for disposal or resale. For Property Services and Facilities Management this completed form provides assurance that the specified equipment is safe for disposal or resale. However, additional form(s) may be necessary for peripheral items associated/attached to the equipment. i.e. ducts, filters, hoses, etc.

## **Equipment Disposal/Resale Information – Contact Property Services or Fac. Management to Complete this Section.**

Property Services or Facility Management Contact \_\_\_\_\_ Phone \_\_\_\_\_

Work Order/Project # \_\_\_\_\_ Date Pick-up Scheduled \_\_\_\_\_

Pick-up Site Preparation \_\_\_\_\_

\_\_\_\_\_ Date To Be Completed \_\_\_\_\_

Worker PPE/Safety Precautions \_\_\_\_\_

## **Client Supplied Information – Complete ALL Items Below**

Requestor \_\_\_\_\_ Principal Investigator \_\_\_\_\_

Building \_\_\_\_\_ Room Number \_\_\_\_\_ Campus Box \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Date \_\_\_\_\_

Location of Equipment \_\_\_\_\_

Description of Equipment/CU ID# \_\_\_\_\_

**If any sections below are marked "Yes" or if you are unsure of the answer, complete the corresponding section(s) on the reverse side. EH&S Policies & Procedures are available at <http://ehs.colorado.edu/>**

Were Radioactive Materials or Waste ever used or stored in equipment for disposal/resale? N \_\_\_ Y \_\_\_  
(As described in the Radiation Safety Handbook. If "Yes", see reverse or contact Health Physics, ext. 2-6523)

Were Hazardous Materials or Waste ever used or stored in equipment for disposal/resale? N \_\_\_ Y \_\_\_  
(As described in the Policy & Procedures for the Management of Hazardous Material/Waste)

Were Biohazardous Materials or Waste ever used or stored in equipment for disposal/resale? N \_\_\_ Y \_\_\_  
(Growth media, agar, biomedical or infectious material, blood, tissue, etc.)

Do Safety Hazards exist in the equipment for disposal/resale or the work area? N \_\_\_ Y \_\_\_  
(Electrical, burn, or trip hazards; compressed gas; sharps; equipment blocking access; etc.)

Are there known or suspected Asbestos Hazards associated with the equipment for disposal/resale? N \_\_\_ Y \_\_\_  
(Known or suspected Asbestos Hazards should be marked "Yes" and referred to the EH&S Representative)

Does equipment for disposal/resale contain oils, chlorofluorocarbons, or heavy metals? N \_\_\_ Y \_\_\_  
(Pump oils; freon, other coolants or anti-freeze; nickel-cadmium batteries, lead, mercury, etc.)

Client Signature / Date \_\_\_\_\_

OVER

**Radioactive Material/Waste – Client is Responsible for Completing this Section**

**DO NOT** remove anything in the work area or associated with the equipment for disposal/resale including Radioactive, Hazardous, or Biohazardous material/waste; Safety Hazards; or Asbestos Hazards until a contamination survey has been conducted by the appropriate lab personnel or by the EH&S Health Physics staff. If contamination exceeds two times the background level, clean the work area or equipment for disposal/resale per Radiation Safety Handbook protocol. Be sure to survey both inside and outside surfaces as needed. Re-test until results are acceptable. If necessary, contact Health Physics (ext. 2-6523, FAX ext. 2-1322) for additional assistance. **(Acceptable results = less than two times background radiation level)**

Contamination Survey Results \_\_\_\_\_ Background Radiation Level \_\_\_\_\_

\_\_\_\_\_  
**Client Signature** - I certify that, to the best of my ability, the equipment for disposal/resale has been tested and/or cleaned according to the procedures above.

**Hazardous Material/Waste– Client is Responsible for Completing this Section**

Remove Hazardous Material/Waste from the equipment for disposal/resale, as prescribed in the Pick-up Site Preparation section (on front side of form), to a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the work area or equipment for disposal/resale as outlined in the Pick-up Site Preparation section (on front side of form), with a laboratory detergent (i.e. Alconox or an equivalent) until chemical residue is removed. Persons performing this cleaning should wear appropriate personal protective equipment such as gloves, eye protection, and protective clothing using adequate ventilation. Contact EH&S at ext. 2-6025 for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.

\_\_\_\_\_  
**Client Signature** - I certify that, to the best of my ability, the equipment for disposal/resale has been cleaned according to the procedures above.

**Biohazardous Material/Waste– Client is Responsible for Completing this Section**

Remove Biohazardous Material/Waste from the equipment for disposal/resale, as prescribed in the Pick-up Site Preparation section (on front side of form), to a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the equipment for disposal/resale as outlined in the Pick-up Site Preparation section (on front side of form), with a 10% hypochlorite solution (nine parts water, one part bleach) or a laboratory detergent containing hypochlorite to remove infectious residues. Persons performing this cleaning should wear appropriate personal protective equipment such as gloves, eye protection, and protective clothing using adequate ventilation to prevent possible exposure to biohazards. Contact EH&S at ext. 2-6025 for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.

\_\_\_\_\_  
**Client Signature** - I certify that, to the best of my ability, the equipment for disposal/resale has been cleaned according to the procedures above.

**Safety Hazards– Client is Responsible for Completing this Section**

Eliminate safety hazards (such as electrical, burn, or trip hazards; compressed gases; sharps; or equipment blocking access) in the work area or associated with the equipment to be repaired as prescribed in Pick-up Site Preparation section (on front side of form). Eliminating these hazards will protect your equipment from damage and facilitate its removal.

\_\_\_\_\_  
**Client Signature** - I certify that, to the best of my ability, safety hazards in the work area or equipment for disposal/resale have been removed according to the procedures above.

**Asbestos Hazards**

Areas with known Asbestos Hazards should be identified to the Property Services/Facilities Management/EH&S Representative so that there is no damage to the asbestos containing material during removal. If you suspect or are uncertain that an Asbestos Hazard may exist, the EH&S Representative will arrange for an inspection to be performed by the Asbestos Crew (ext. 2-6025) to determine any precautions that should be taken.

**Oils, Chlorofluorocarbons, or Heavy Metals** - Equipment that may contain these regulated materials should be identified to Property Services/Facilities Management/EH&S Representative so that they are disposed in accordance with all applicable rules and regulations.