

## Laboratory Equipment Disposal/Resale Clearance Form

**Note:** This form should only be completed by, or with the assistance of, someone who is familiar with how the equipment was used.

Per <u>campus policy</u> all surplus property must be processed through Property Services for disposal or resale. Environmental regulations require that campus property is not contaminated with hazardous materials when disposal or resale occurs.

Therefore, this form is required for any item that was used in conjunction with, contained, or that may have come in contact with chemical, radioactive, biological, or etiological contaminants in the course of use (ALL equipment that has been used or located within a laboratory). Contact EH&S regarding questions related to decontamination procedures at 303-492-6025 or <u>ehs@colorado.edu</u>. Campus departments are responsible for any associated costs for equipment which requires decontamination assistance from an outside contractor.

Requestor Building	_ Principal Investigator _ Room Number	Campus Box
Phone Emai Location of Equipment		
Description of Equipment/CU ID#		

Please complete each section below. Each piece of equipment requires a separate form. All sections must be completed and the form must be signed before equipment can be processed. For questions about this form contact EH&S at 303-492-6025 or <a href="mailto:ehs@colorado.edu">ehs@colorado.edu</a>. Send the completed form to Property Services along with your disposal request, or fax to (303) 492-1773.

## Radioactive Materials/Waste

Were radioactive materials or waste ever used or stored in this equipment? (As described by the CU EH&S Radiation Safety Group)

N \_\_\_\_\_ Y \_\_\_\_\_

If Yes: DO NOT remove anything in the work area or associated with the equipment including radioactive, hazardous, or biohazardous materials/waste; safety hazards; or asbestos hazards until a contamination survey has been conducted by the appropriate lab personnel. If contamination exceeds two times the background level, clean the work area or equipment per CU Radiation Safety Group protocol. Be sure to survey both inside and outside surfaces as needed. <u>Clean and re-test until results are acceptable and enter results below</u>. If necessary, contact Radiation Safety at 303-492-6523 or <u>radsafety@colorado.edu</u> for additional assistance. (Acceptable results = less than two times background radiation level)

Background Radiation Level	(CPM)	Contamination Survey Results		_ (CPM)
Were hazardous materials or waste ever ( (Any chemical that has the potential to ca	used or stor		N	Y

or the environment, either by itself or through interaction with other factors)

**If Yes:** Remove hazardous materials/waste from the equipment in a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the work area or equipment for property transfer 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. Contact EH&S at 303-492-6025 or <u>ehs@colorado.edu</u> for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.



## **Biohazardous Materials/Waste**

Were biohazardous materials or waste ever used or stored in this equipment? (Growth media, agar, biomedical or infectious material, blood, tissue, etc.)

**If Yes:** Remove biohazardous material/waste from the equipment in a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the equipment with a 10% hypochlorite solution (nine parts water and 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. Contact EH&S at 303-492-6025 or <u>ehsbio@colorado.edu</u> for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.

Safety Hazards Do safety hazards exist in this equipment or the work area? (Electrical, burn, compressed gas, sharps, trip hazards, equipment blocking access, etc.)	N	Y
<b>If Yes:</b> Eliminate safety hazards in the work area or associated with the equipment. Elim required to ensure the health and safety of Property Services personnel and to facilitate equipment for disposal/resale while protecting other equipment from damage.	•	
Are there known or suspected asbestos hazards associated with this equipment? (Insulation, heat resistant materials, braided wiring, etc.)	N	Y
<b>If Yes:</b> Items with known or suspected asbestos hazards should be identified to a EH&S there is no damage to the asbestos containing material during the equipment removal ar requirements. If you suspect or are uncertain that an asbestos hazard may exist, contact to be performed by the Asbestos Group at 303-492-6025 or <u>ehs@colorado.edu</u> to deterr should be taken.	nd to dev EH&S f	elop disposal or an inspection
Other Regulated Materials: (Oils, Chlorofluorocarbons, or Heavy Does this equipment contain oils, chlorofluorocarbons, or heavy metals?	<u>Metals)</u>	
(Pump oil, Freon, anti-freeze or other coolants, nickel-cadmium batteries, lead, mercury, etc.; note that most refrigerators and freezers contain Freon and oil)	N	_Y

If Yes: List other regulated materials within the equipment: \_\_\_\_

and other safety hazards.

Equipment that contains these regulated materials should be identified to a Property Services/EH&S representative. If these materials are essential to the operation of the equipment they may be left inside the equipment on a case by case basis. It is important that none of these materials is spilled during transportation of equipment. If the equipment cannot be safely moved without spillage, these materials must be removed from the equipment and disposed of in accordance with all applicable rules and regulations (through EH&S). Contact EH&S if you are unsure or need assistance with regulated materials contained in equipment and essential to the operation of the equipment.

Signature of Requestor	Date		
I certify that, to the best of my ability, the equipment listed above was cleaned according to all procedures above or was never contaminated with a hazardous material. I am either a direct user of this equipment or I have consulted with a person who is familiar with the use and operation of this equipment to ensure it is free of hazardous materials			

N \_\_\_\_\_ Y \_\_\_\_\_