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

Form Instructions: This form is required and must accompany the Equipment and Furniture Disposal Request 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. Please fax completed form to Property Services (303) 492-1773.

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.

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, (303) 492-6523)

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 oil, Freon, anti-freeze or other coolants, 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. Clean and re-test until results are acceptable. If necessary, contact Health Physics (303) 492-6523, FAX (303) 492-1322 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 in a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the work area or equipment for disposal/resale 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 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 in a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the equipment for disposal/resale 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 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 for disposal/resale. 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 Group to determine any precautions that should be taken. (303) 492-6025.

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.

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