Appendix E – Equipment Release Form

Equipment Release Form

Date: __________ Location of Origin: ___________________________________

Principle Investigator: ____________________________________________________

Destination/Service Department: __________________________________________

Service To Be Performed: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Type of Equipment: _____________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Contaminated (Yes/No): ___________________

Contaminants Identified/Suspected: ________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Method of Decontamination: ______________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Name of Person Decontaminating: _________________________________________

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

________________________________________

Signature of Responsible Person