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## CERTIFICATE OF EQUIPMENT DECONTAMINATION

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This form must be completed by users **PRIOR** to any repair, relocation, or disposal of equipment. Appropriate decontamination will ensure that no one is exposed to hazardous products during the handling or transfer of equipment. This form does not replace any vendor-specific forms.

Follow the steps outlined below:

**Step 1:** Complete the form and conduct the decontamination

- Part A.** Identify the equipment, the owner, and whether it is to be repaired, relocated, or disposed.
- Part B.** Identify the hazards the equipment has been in contact with over its lifetime. See additional information regarding some hazard types below.
- Part C.** Develop and document an appropriate cleaning and decontamination procedure for the equipment. For assistance with this step, contact [ehs@concordia.ca](mailto:ehs@concordia.ca). Conduct the decontamination according to your documented procedures and identify the person performing the decontamination.
- Part D.** The owner of the equipment (usually Faculty or Staff member) must certify that the cleaning has been performed according to the procedure outlined. Send this duly completed & signed document to [hazardouswaste@concordia.ca](mailto:hazardouswaste@concordia.ca). EHS personnel will verify the form and approve the disposal, transfer, or relocation.

**Step 2:** Once approved, the signed and completed form must be posted on the equipment to be repaired, relocated, or disposed. Printed double-sided, only the second page (pages 3 & 4) is required to be posted on the equipment.

**Additional information for certain hazard types:**

**Chemical:** Has this equipment been in contact with HAZARDOUS PRODUCTS? (e.g. corrosives, solvents, sensitizers, toxics, carcinogens, mutagens, teratogens) Specify on table in PART 2. Contact EHS Chemical Safety Officer for additional guidance.

**Biohazards / Biological Materials:** Has this equipment been in contact with BIOLOGICAL MATERIAL as defined in Section 1.1 of Concordia's [Biosafety Manual](#)? Decontaminate according to your approved SOP. Contact EHS Biosafety Officer for additional guidance.

**Radioactive Materials / Radioactivity:** Has this equipment been in contact with NUCLEAR SUBSTANCES as defined in Section iii of Concordia's [Radiation Safety Manual](#)?

If yes, decontamination to public level for class of radioisotope is required (see Appendix VI of the [Radiation Safety Manual](#)), along with approval of the RSO, and completion of EHS-FORM-060, the URSC Decommissioning Report. Contact the EHS Radiation Safety Officer for additional guidance.

**LASER:** Regardless of other hazards, if a LASER is to be disposed, it must be rendered non-operational even with minor repair or part replacement. Provide details in Part 3 of how this was accomplished and contact the EHS Radiation Safety Officer for guidance or any information regarding this requirement.

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Print document double-sided.

**PART A. EQUIPMENT DESCRIPTION**

Room no. and location: _____
Equipment Owner/Location Supervisor: _____
Manufacturer: _____
Model/type: _____
Serial number: _____
Purpose of decontamination: <input type="checkbox"/> Disposal <input type="checkbox"/> Transfer/relocation <input type="checkbox"/> Onsite service/maintenance

**PART B. HAZARD IDENTIFICATION**

HAZARD TYPE	YES	NO
<b>Chemical:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Biohazards / Biological Materials:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radioactive Materials / Radioactivity:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Decommissioning form number:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>LASER:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have any remaining ELECTRICAL CONNECTIONS?	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have any remaining connections to COMPRESSED AIR or COMPRESSED GASES?	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have any parts under RESIDUAL PRESSURE or any RESIDUAL ENERGY left in the system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the equipment have any MOVING PARTS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you performed the appropriate LOCK-OUT procedure?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other hazards (please specify):</b> _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

