EQUIPMENT RELEASE FORM

Date: ___________________________  Location: ___________________________

Lab Supervisor: ___________________  Department: _______________________

Equipment Description

Type or Use: _______________________  Manufacturer: _______________________

Model: ___________________  S/N: ___________________  WSU No: _________________

Purpose of Release

(  ) Release for disposal  (  ) Release for repair  (  ) Release to ESPM for resale

(  ) Release for general use  (  ) Other________________________________________

Inspection results:  No indication of chemical or biological contamination was found. Please call the department of Environmental Health & Safety (ext. 2215) if you have any questions.

Notice to Lab Supervisor: If this equipment came into contact with radioactive agents, it is your responsibility to ensure that the equipment is properly cleaned before it is removed. Please call the Radiation Safety Officer (ext. 2169) if you need assistance.

Also, if the equipment contains any type of Freon, please call Physical Plant (ext. 4444) to have the Freon removed.

Comments: ______________________________________________________________

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Environmental Health & Safety Representative  Date