Item Description: ____________________________________________________________

Location: ________________________________________________________________

I certify that the above described item has:

☐ Been appropriately decontaminated and/or cleaned, and does not pose a Radioactive, Biological or Chemical hazard.

☐ Been surface decontaminated and/or cleaned so as not to pose a Radioactive, Biological or Chemical hazard in handling, but may have internal contamination present.

Explanation:

☐ Not been decontaminated and may have Radioactive, Biological or Chemical hazard material present on surfaces. Appropriate personal protective equipment and procedures are as follows:

This information is being provided for those persons receiving, repairing, servicing, moving or disposing of the item for their information and / or protection.

Signature: ___________________________ Date: ______________

Position Title: ____________________________ Department: ______________________

TTUHSC Address: ___________________________ Phone: ______________

Dept. Head Signature: ____________________________ Date: ______________

Account No. ____________________________ (to be used if not decontaminated)

Reproduce this form as needed. Affix copy of this document to the equipment. Send a copy of this document to Safety Services (fax 806-743-1299) and to your Regional Campus Safety Office.