



Equipment Release Checklist

Department: _____

Building: _____ Room #: _____

Principal Investigator (PI): _____

Type of Equipment: _____

Reason for Release: Equipment Service

Service To Be Performed: _____

Borrowed Equipment Return

Returning Equipment To: _____

Equipment Surplus

Equipment Disposal

Contaminated (Yes / No): _____ If multiple non-contaminated items exist, attach an inventory list to this sheet for those items. Additional Release Forms for those items will not

Consultation Needed: _____ If checked, consult ECU Environmental Health and Safety Office to

proceed with the assessment of the equipment for contamination (bryan.makinen@eku.edu (email preferred) Phone: 2421)

Source of Contamination: _____

Method for Decontamination: _____

Decontamination Completion Date: _____ By: _____

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/or perform the work described above on this equipment.

Signature (PI): _____ Date: _____

Department Chair: _____ Date: _____