

# EQUIPMENT TRANSFER TAG REQUEST

Requestor:

E-mail:

Phone:

Department:

Today's Date:

Scheduled Move Date:

Alternate Contact:

E-mail:

PI/Supervisor:

DSR:

Answer the checklist to prepare for equipment transfer or disposal. **Comply** with the checklist **before contacting us. No exceptions; no tags.**

1. **Remove** all biological materials and sharps.
2. **Remove** all **chemicals** from refrigerators, freezers, cabinets or any furniture/equipment that will be transferred or disposed.
3. **Remove** all **radioactive materials**. (Contact RSO, mmcmahon1@tulane.edu)
4. **Remove** lead **shielding**.
5. **Contact Bio-Safety Dept.** for Bio-Safety Cabinets (BSC) **decontamination**.
6. **Contact OEHS** to test **chemical fume hoods** for **perchlorate & nitrates**.
7. Perform **contamination surveys** on equipment used with **radioactive materials**.
8. Clean and decontaminate equipment surfaces (in & out) used with biological materials (10% bleach solution) or hazardous chemicals (70% Ethanol Solution).
9. **Remove all hazard labels** and symbols. (**biohazard, radiation, etc.**)

OEHS Representative: \_\_\_\_\_ Date Sticker Issued: \_\_\_\_\_

EQUIPMENT DESCRIPTION (e.g., REVCO -20 freezer, Kenmore refrigerator, etc.)	DECONTAMINATION OR CLEANING METHOD(S) (e.g., 10% bleach, 70% ethanol, autoclave)	MOVING INFORMATION		OEHS LOG #
		FROM: Bldg./Rm.	TO: Bldg./Rm. or Disposal	

More equipment? Continue on next page

# EQUIPMENT TRANSFER CERTIFICATION

EQUIPMENT DESCRIPTION (e.g., REVCO -20 freezer, Kenmore refrigerator, etc.)	DECONTAMINATION OR CLEANING METHOD(S) (e.g., 10% bleach, 70% ethanol, autoclave)	MOVING INFORMATION		OEHS LOG #
		FROM: Bldg./Rm.	TO: Bldg./Rm. or Disposal	

Any comments & requests: