

EQUIPMENT SAFETY RELEASE FORM

Principal Investigator: _____

Proper disposal of all hazardous materials used in laboratories is, in the first instance, the responsibility of the principal investigator or researcher to whom a laboratory is assigned. Ultimate responsibility for hazardous materials management lies with each department. Proper disposal of hazardous materials is required whenever a responsible individual leaves the University of transfers to a different laboratory (“Responsible individual” can include faculty, staff, and post-doctoral and graduate students.)

If improper management of hazardous materials at lab closeout requires removal services from the Department of Occupational Health and Safety (OH&S), the responsible department will be charged for this service.

Any regulatory action or fines resulting from improper management or disposal of hazardous materials will accrue to the responsible department. OH&S will not be responsible for loss incurred by individuals or departments as a result of regulation-mandated removal of hazardous materials.

By signing this form, the lab representative is certifying that the following equipment was decontaminated as stated below.

Instructions:

- Equipment that has a biohazard/radioactive/chemical label affixed to it must be decontaminated properly and tagged before it is moved to a new building or room location.
 For recommended decontamination/decommission procedures, click here: [Biohazard Equipment Disinfection/Decontamination. Chemical Equipment Disinfection/Decontamination Radioactive \(contact# 934-2487\).](#)
- Complete this form and email a copy with the type of hazard (biohazard, radioactive, chemical) as the subject to the UAB OH&S Equipment Tag-Out: labmove@uab.edu
- Remove the biohazard/radioactive/chemical label after decontamination.
- An OH&S representative will provide a “Safety Release Tag” for each piece of appropriately decontaminated equipment after 2-3 working days of receiving this completed form.

Hazard Type (biohazard, radioactive, chemical)	Serial # Or UAB ID Code	Equipment Type (refrigerator, freezer, etc.)	Decontamination Procedure	Moved From		Moved To	
				Building	Room	Building	Room

Lab Representative: _____

Date Form Submitted: _____

Phone #: _____

Scheduled Move Date: _____

OH&S Representative: _____

Date Tagged Out: _____