

# BIOSAFETY RELEASE FORM

## For Equipment

Principal Investigator: \_\_\_\_\_

Proper disposition 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 disposition of hazardous materials is required whenever a responsible individual leaves the University or 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 Environmental Health and Safety (EH&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. EH&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 label affixed to it, must be decontaminated and tagged before moved to a new building or room location.
- Complete this form and email to biosafety@uab.edu.
- If equipment destination is the UAB Surplus Warehouse, after decontamination, remove the biohazard label.
- Within 2-3 working days after EH&S receipt and review of this form, a representative from Biosafety will provide a "Safety Release Tag" for each piece of appropriately decontaminated equipment.

UAB ID CODE <small>(or other unique ID)</small>	TYPE OF EQUIPMENT <small>(i.e., refrigerator, freezer, centrifuge)</small>	DECONTAMINATION PROCEDURE <small>(disinfectant and contact time)</small>	MOVING FROM:		MOVING TO:	
			BLDG	ROOM	BLDG	ROOM

Lab Representative: \_\_\_\_\_ Date form submitted: \_\_\_\_\_

Phone #: \_\_\_\_\_ Scheduled move date: \_\_\_\_\_

EHS Representative: \_\_\_\_\_ Date tagged: \_\_\_\_\_