

Biological Safety Office
Phone 352-392-1591
Fax 352-392-3647
bsu@ehs.ufl.edu
www.ehs.ufl.edu/programs/bio/

Biohazard Decontamination Form



Equipment (Biosafety Cabinets (BSCs)*, incubators, freezers, centrifuges, etc.) that is, or may be, contaminated with a biohazardous material must be decontaminated before it is:

1. Repaired by Physical Plant, IFAS, or any other contractor
2. Moved:
 - a. By commercial company
 - b. To another lab on campus
 - c. To or through public areas
3. Disposed of/surveyed out of UF Inventory
4. Shipped offsite (i.e. back to vendor, to another building, etc.)
5. Sent out for repair or maintenance (please also contact the company doing the repair to find out company policies for decontamination)

Note: *Biosafety Cabinets (BSCs) used with biohazards must be professionally decontaminated before moving, surveying out/disposing of, or repair of contaminated plenums within the cabinet. Contact your vendor (e.g. Precision Air Technologies at 352-332-4653) to decontaminate this equipment *before* submitting this form to the Biosafety Office.

Instructions:

1. Complete the information on the next pages and sign the decontamination statement. Signatures of both the person decontaminating the equipment and the PI are required.
2. Email completed form to BSO@ehs.ufl.edu or Fax to 352-392-3647. The Biosafety Office will review the form to ensure that the decontamination method used is appropriate and then sign the form. The form will be sent back to you.
3. Affix the signed form to the equipment and remove any biohazard stickers on the equipment.
4. Proceed with repair, move, pick up, etc.

This form *only* covers hazards associated with biological materials. Additional EH&S approvals will be needed for equipment that has been used for or contaminated with:

- Radioactivity / Isotopes (call 352-392-7359 or 352-392-1589) or
- Chemicals (call Lab Safety: 352-392-1591 or Hazardous Materials Management: 352-392-8400)



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1) Equipment Info

a) Equipment Name/Type _____

b) Model/Serial # _____

c) UF Property Decal # _____

d) Type of contamination/potential contamination present (list the name of all biohazards) _____

2) Location

a) Building name or # _____

b) Room _____

c) Department _____

3) Contact Info

a) PI or Supervisor name _____

b) Name of person doing the decontamination _____

c) Phone # _____

d) Email _____

4) Method of decontamination used (check box as appropriate)

Surface decontamination with *freshly* diluted bleach
(what concentration _____)

Surface decontamination with another type of disinfectant
(what _____)

Formaldehyde gas

Vaporized hydrogen peroxide

Other (list _____)

5) Identify and list areas in the equipment that could not be decontaminated

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6) Reason for decontamination (check box as appropriate)

Repair on site by Physical Plant, IFAS, or any other contractor/technician

Moving (to where?) _____

Disposed of (to where?) _____

Survey out by UF Asset Management

Shipped offsite (i.e. back to vendor, for repair or maintenance etc.)

Additional Comments _____

Statement by the person doing the decontamination

I have decontaminated this equipment so that it is safe to handle and is no longer biohazardous or potentially biohazardous.

I have removed any biohazard stickers from the equipment.

Signature

Date

Statement by the Principal Investigator

The equipment has been decontaminated as described in the form above.

Signature

Date

Statement by the Biosafety Office

The decontamination method(s) listed on this form is (are) appropriate for the potential biohazards used/stored in this equipment.

Signature of the Biosafety Official

Name

Date

Title of the Biosafety Official