



uOttawa

Université d'Ottawa | University of Ottawa
Health, Safety and Risk Management, Faculty of Science

Equipment Decommissioning

Type of decommissioning

Permanent decommissioning _____

Temporary decommissioning _____

If temporary, reason for decommissioning:

Move within the Faculty _____

Move within the University _____

Move external the University _____

Sending offsite for repair _____

Internal repair _____

Identification of equipment

Description: _____

Serial Number: _____

Model Number: _____

Present Location: _____

Comments:

The above listed equipment is certified as free of hazards.

All levels of required decontamination have been performed.

Authorizations

Contact Person Signature: _____

Date: _____

Principal Investigator Signature: _____

Date: _____

(If required) Departmental Chair Signature: _____

Date: _____

HSRM Signature: _____

Date: _____

Building Management Agent Signature: _____

Date: _____