



Laboratory Equipment/Furniture Safety Clearance Form
 (Supplement to Standard Transfer Request form)

Complete all sections for each property being transferred from a lab/research area and **SECURELY** attach to the approved Standard Transfer Request form.

1. Department Name: _____ Bldg.: _____ Rm.: _____ Lab Name: _____

2. Date: _____ TSU Property #: _____ Property Serial #: _____

3. Property Description: _____

4. Potential Contaminants or Hazards: (check one) Chemical Biological Radioactive X-ray Equip Lasers No known hazards Unsure

5. Describe the process and agent utilized to clean/decontaminate each piece of equipment: _____

6. I certify that the above lab equipment/furniture has been cleaned and decontaminated of all chemical, biological and radioactive contaminants.

 Signature Printed Name and Title Department Date

 EHS Signature Date

7. Property transferred to: Central Whse _____ Other _____ Transferred by: _____

Property Management Use Only:

Date Received: _____ Processed by: _____ Date Transfer Authorized: _____

Transfer W/O#: _____ EHS W/O#: _____ Date: _____

Date Property Received at Warehouse (if Applicable): _____