## Duke University Laboratory Equipment Statement of Hazard Assessment

## Purpose:

All laboratory equipment must be free of hazardous materials (i.e. biological, chemical, radiological) prior to equipment maintenance, transport to Duke Surplus, or other destinations. Appropriate removal of hazardous materials will protect maintenance personnel, movers, and those receiving the items. Furthermore, it will help prevent Surplus from donating any hazardous laboratory equipment. Laboratory equipment that needs an evaluation prior to transport includes, but is not limited to, the following: refrigerators, freezers, centrifuges, incubators, chemical fume hoods, biological safety cabinets, and other items potentially contaminated with hazardous materials.

## Procedure:

It is the sole responsibility of the equipment owner to remove all known hazardous materials and to decontaminate the equipment if applicable. For equipment used with radioactive materials, a thorough radiation contamination survey of the equipment must be performed to determine if allowable contamination levels are achieved. Those areas found to exceed the allowable limits must be decontaminated and resurveyed until within allowable limits. **NOTE:** If the equipment is being removed from the laboratory, the owner must remove or deface all hazard warning labels/stickers on the equipment.

Once the equipment owner has deemed the item "safe", he/she must affix this signed document to the equipment. Not all items from the laboratory will need a hazard assessment; these include computers, chairs, bookshelves, etc. However, if there are specific concerns about an item that does not include this signed document, one may be requested by the service provider.

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Equipment Owner Declaration(s):	
	materials from this equipment. This included surface he best of my knowledge, this item is safe to handle, and risk to service personnel.
For Chemical Fume Hoods only (mark	one box):
Our lab has never heated perchloric acid in this hood.	
Our lab has heated perchloric acid in this hood. (Describe amounts and frequency:	
	)
☐ I do not know if perchloric acid has ************************************	
Print Name	Signature
Department Phone	
Date	