EQUIPMENT SAFETY RELEASE FORM

Principal Investigator	
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Proper disposal 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 disposal 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 postdoctoral 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.

• Equipment that has a biohazard and/or chemical label affixed to it must be decontaminated properly and tagged before it is moved to a new building or room location.

For recommended procedures: **Biohazard Equipment Disinfection/Decontamination Chemical Equipment Disinfection/Decontamination**

- Complete this form and email a copy with the type of hazard (biohazard/chemical) as the subject to the UAB EH&S Equipment Tag-Out: labmove@uab.edu
- Remove the biohazard and/or chemical label after decontamination.
- An EH&S representative will provide a "Safety Release Tag" for each piece of appropriately decontaminated equipment after 2-3 working days of receiving this completed form.

Hazard Type (biohazard, chemical)	Serial # Or UAB ID Code	Equipment Type (refrigerator, freezer, etc.)	Decontamination Procedure	Moved From Building / Room		Moved To Building / Room	

Lab Representative:	Date Form Submitted:		
Phone #:	Scheduled Move Date:		
EH&S Representative:	Date Tagged Out:		