RESEARCH INTEGRITY & COMPLIANCE

Decontamination of Equipment Prior to Maintenance, Relocation and/or Lab Closeout

L	aboratory Investigator Name:			
	Contact Number:			
Building name & room number				
	losing out:			
Equipment being relocated:				
Building name & room number to which equipment is being relocated.				
N(•	at (813) 974-5091 if further inforn	
1.		•	ety cabinet surfaces have been deco Not applicable	ntaminated.
2.	All biohazardous waste(s) (solid, sharps and liquid) has been autoclaved and/or placed in biohazardous/sharps waste containers.			
			Not applicable	
3.	 All infectious material has been secured in leak-proof containers (double containment) and is secure prior moving campus; shipped to your new location or decontaminated and disposed of. Yes No Not applicable 			
4.	Please describe method of equipment decontamination (i.e., disinfectant used for particular equipment such as refrigerators, centrifuges etc and contact time).			
5.	All biohazardous material to be transported off-campus and or on public highways have been/will be packaged, labeled, documented by trained personnel and in accordance with U.S. Department of Transportation (DOT) and oth applicable regulations/guidelines and the USF biosafety officer has been notified. Yes No Not applicable			
6.	The biosafety cabinet(s) h		taminated prior to relocation.	
7.	Describe PPE worn during			
— Na	nme of Principal Investigator/			
	Lab Director: _		Signature:	Date:
	ne Biosafety Office has been n stitutional Biosafety Officer	otified.		
Na	nme:		Signature:	Date: