

WPI Lab Equipment Move Form

It is the responsibility of each Principal Investigator (PI) to complete this form to assure the safety of all individuals involved with the move of lab equipment.

PI Name: _____ Phone #: _____ Building/Room #: _____

Section One – Radiological

If your lab contains no radiological hazards, check here.

If your lab contains radiological hazards, a WPI radiation safety officer must sign off on the following statement: This equipment is OK to move.

Signature: _____ Date: _____

Section Two – Biologicals (BSL 1 or BSL 2)

All equipment surfaces have been wiped with appropriate disinfectant for the biological agent(s) present. The following was used:

- Quaternary Ammonium Solution (i.e. Roccal, Quat-X, QT-TB)
- 10% Chlorine Bleach (made fresh)
- Iodine-based (i.e. Wescodyne)
- Penolic Disinfectant (i.e. Uniphene- SE, Nac-Phene 256)
- 70% Alcohol
- Other (Identify): _____

All biohazard symbols have been removed, defaced or covered.

Section Three – Chemical

All equipment surfaces cleaned with:

Soap and water. Other Identify: _____

Principal Investigator Sign Off: I approve of this information.

Signature: _____ Date: _____