

Equipment Summary

Not approved:

Date: Title:

Equipment:

Make: Model: Serial #:



Icahn School of Medicine at Mount Sinai Certificate of Equipment Decontamination

This Certificate documents that this equipment has been decontaminated by the person(s) indicated below using the disinfectants as indicated. The PI/LSO should submit completed Certificates of Equipment Decontamination by E-mail: biosafety-program@mssm.edu

Location:	
Decontamination Metho	od .
Paraformaldehyde	Hypochlorite (10%)
Quatracide PV	Formaldehyde
Ethylene Oxide	Glutaraldehyde
70% Alcohol	Phenolic
Virkon solution	
Other:	
Purpose of Decontamin	ation
Relocation	Return to Vendor
Disposal	
Other: Annual deco	ntamination/preventative maintenance
Responsible laboratory	member
Name:	
Date:	
Contact information:	
Biological Safety Progra	am Review:
Approved:	Signature: