



Instrument Development Engineering & Evaluation Instrument Services

Reference:	Equipment disposal form	(One device or set of devices per rec	ceipt)
I Management			
Disposed by (name) :		Date:	
Approved by Manager (name):		Signature:	
Department / Institute:			
II Device			
Registration nr. (or name):		Part Of:	
Brand:		Location:	
Tomas		Room:	
Type:			
Serial number :		Risk lab :	
III Safety / Decontamination declaration			
Before equipment can be disposed of, it must be free equipment is contaminated, decontamination is required. Services). If the device comes from a risk lab (D-I, E also be completed, possibly also signed by CRISP.	red. For further information, please contact IDEE of	r the respective expert (CRIS	P of General & Technical
Has device been cleaned / decontaminated ?			
No, state why safety / decontamination decla	aration is not necessary (to be completed by a ma	<u>nager).</u>	
Yes, briefly indicate how the cleaning / deco	ontamination was carried out.		
Expert Approval (CRISP / FS)	Name	Signature	Date
Local Radiation specialist	rvaine	Signature	Date
Chemical Safety			
Environment & Sustainability Consultant, General & Technical Services			
IV Method of disposal			
Trade-in			
Sales / external donation	Certificate of indemnification n	ю. :	
	Buyer / reciever :		
Sales / internal donation	Name of Manager:		
_	Managing entity:		
Via IDEE			
V Removed by (to be completed by IDEE)			
Device with ionising / non-ionising	□No		
radiation	Yes, Laser / X-ray tube decommissioned by (Name and Initials)	/ IDEE	
Facility Services, Property Management	Date General & Technical Services contacted:		
	Location of device to be removed:		
	Contact person for removal (name, phone No.):		
Othor	Date :		