NMSU Equipment Decontamination & Transfer Form
USED APPLIANCE TRANSFER to PROPERTY

Department: _____ Bldg/Room No: _____

Item: ☐ Refrigerator ☐ Microwave Oven Tag Number: _____

☐ Blender ☐ Other: _____

As Department representative. I certify that this piece of equipment has been used previously for food storage only and is safe for food storage.

Name/Signature: _____ / _____
Departmental Representative (please print) (Signature)

Title: _____ Date: ____ / ____ / ____

This section applies to refrigerators, microwave ovens, blenders, and other appliances that may have contained any type of hazardous material. Please check if the appliance has been used for storage or processing of the following:

☐ Radioactive materials ☐ Biological Materials

☐ Chemicals ☐ Other Hazardous Materials

As Department representative, I certify that this appliance has been decontaminated in accordance with proper procedures for the type of potential contaminant. EHS&RM will be notified to conduct final survey (646-3327).

Name/Signature: _____ / _____
Department Representative (please print) (Signature)

Title: _____ Date: ____ / ____ / ____

EHS&RM Only

This appliance may not be reused for consumables. EHS&RM shall label appliance "NO FOOD ALLOWED".

Surveyed & released by EHS&RM ____ /____/ ____ (DATE)

Name/Signature: _____ / _____
EH&S Representative (please print) (Signature)

Title: _____ Date: ____ / ____ / ____

HVAC Use Only

If appliance is to be scrapped or destroyed, I certify that captive refrigerant and oil has been reclaimed and disposed by approved methods.

Name/Signature: _____ / _____
HVAC Representative (please print) (Signature)

Title: _____ Date: ____ / ____ / ____