

# Surplus Equipment Consortium/Network - Form

SEC/N.S1.FM.01.B

## Decontamination Declaration Form

### SECTION 1. General Information

#### Generator Information:

Equipment Owner/Seller \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

Company Name \_\_\_\_\_ Company Location \_\_\_\_\_

Originating Site \_\_\_\_\_

#### Equipment/Part Information:

Equipment Type: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Assembly # \_\_\_\_\_ Kit #: \_\_\_\_\_ Part #: \_\_\_\_\_ Part Name: \_\_\_\_\_

Equipment Description : \_\_\_\_\_

Date removed from operation: \_\_\_\_\_

Has this part or tool been exposed to hazardous materials? (circle appropriate answer) Yes (**Go To Section 2**) No (**Go To Section 4**)

### SECTION 2. Equipment Process/Contamination Information

Please circle the category(s) below that is the best indicator of the major contaminants this part or tool has been exposed to. Circle all that apply and list chemicals, by-products or explanation for each category: (additional space available on reverse side)

Corrosive _____	Pump Oils _____	Inert Gases _____
Solvents _____	DI Water/Water _____	(examples: nitrogen, helium, argon)
Toxic Gases/Pyrophorics _____	Copper _____	Other Hazards:
Arsenic/Boron/Phosphorous _____	Lead _____	(examples: stored energy, magnetic,
Slurry _____	Refrigerant _____	electrical, mechanical, pneumatics, etc)
Radiation Device _____		

### SECTION 3. Decontamination Declaration

Circle all that apply: Has this part/equipment been decontaminated/prepared according to the following:

Surfaces exposed to corrosives pH test between 5 & 9. (Document results on reverse side)	Yes	No	NA
Surfaces exposed to Fluoride (F) have been tested. (Document results on reverse side)	Yes	No	NA
Additional Wipe samples taken (Document results on reverse side)	Yes	No	NA
All chemical residue, debris and process products have been removed.	Yes	No	NA
All free flowing liquids have been removed and lines blown out with air.	Yes	No	NA
Gas systems are purged and under vacuum.	Yes	No	NA
All ports and openings have been properly sealed with OEM approved or equivalent cap or plug	Yes	No	NA
Tool and parts are packaged to minimize exposure to any residual contaminant.	Yes	No	NA
System Decontamination Checklist prepared/attached (if applicable).	Yes	No	NA

For any "No" box checked, provide an explanation below. The transport or movement of this part or equipment may require Local or Regional EHS representative Signoff/Approval and possible shipping classified and designated as Dangerous Goods.

Explanation: \_\_\_\_\_

Notice to future handlers: \_\_\_\_\_

*Hazards and/or additional items of concern need to be listed.*

Name of person performing decontamination (print): \_\_\_\_\_

Division or Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4. Signatures** - By completing and signing this form, the undersigned certify that the composition of the equipment listed above is of a non-hazardous nature, and/or has been decontaminated in accordance with OEM and industry standards. Equipment and/or parts that cannot or have not been decontaminated and still remain a hazard have been classified and marked as such.

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## Decontamination Sample Results

**Customer Name:** \_\_\_\_\_

**Job Site Location:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tool Model Type:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_

Sample #	Location	Before/After Decon	Method	Results
1		Before		
		After		
2		Before		
		After		
3		Before		
		After		
4		Before		
		After		
5		Before		
		After		
6		Before		
		After		
7		Before		
		After		
8		Before		
		After		
9		Before		
		After		
10		Before		
		After		

Notes: