



BIOLOGICAL EQUIPMENT CLEARANCE FORM

Today's Date: _____
Equip Brand: _____
Equip S/N: _____
Building: _____
Room: _____
Owner: _____
Phone: _____
Email: _____

If the unit is moving, please provide new location _____.
Scheduled date of move: _____.

Have you been in possession of, and personally supervised the use of the equipment over the past two years?

Have any of the following categories of agents been used in this equipment within the past two years?

-Human Pathogens?

-Specify: _____

-Cell lines infected or transformed by oncogenic viruses or other biohazardous agent?

-Specify: _____

-Recombinant Agents?

-Specify: _____

-Exempted under section III-F of
The NIH Recombinant DNA guidelines?

-Chemicals used for the purpose of inducing carcinogenic effects?

-Specify: _____

-Were any known carcinogens, teratogens, or reproductive toxins used?

-Specify: _____

(Lab – P.I) Name & Date _____

(UT-BSO) Name & Date _____

CLEAR / DECON

For office use only. Reason for Decon: _____