



ICAHN SCHOOL OF MEDICINE at MOUNT SINAI

CERTIFICATE OF DECONTAMINATION

This Certificate documents that this equipment has been decontaminated by the person(s) indicated below using the disinfectants as indicated on this date:

Device: _____ Model: _____
Make: _____
Serial No.: _____

Decontamination Method:

| | |
|---|---|
| <input type="checkbox"/> Paraformaldehyde | <input type="checkbox"/> Bleach (10%) |
| <input type="checkbox"/> Quart. Ammonia | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Ethylene Oxide | <input type="checkbox"/> Glutaraldehyde |
| <input type="checkbox"/> 70% Alcohol | <input type="checkbox"/> Phenolic |
| <input type="checkbox"/> Virkon | <input type="checkbox"/> Other: _____ |

Purpose of Decontamination:

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Return to Vendor |
| <input type="checkbox"/> Inside ISMMS | <input type="checkbox"/> Outside ISMMS |
| <input type="checkbox"/> Other: _____ | |

Name: _____ Date: _____

Approved:

Name: Philip G. Hauck, MS, MSHS, CBSP Date: _____
Institutional Biosafety Officer