

INSTRUMENT DESCRIPTION: _____

STATEMENT OF (NON) BIOHAZARD

POTENTIAL CONTAMINANTS: Check off and/or list all substances in the following categories that might have come in contact with the instrument. Full disclosure, please - anything that might have been in, on, or around this instrument.

1. ISOTOPES (please specify)

2. TOXINS

Acrylamide _____

Other _____

3. MUTAGENS

Ethidium Bromide _____

Other _____

4. BIOLOGICAL

Bacteria _____ Virus _____

Blood, tissue, body fluids _____

Other _____

5. OTHER SIGNIFICANT SUBSTANCES (other than air or pure water)

DECONTAMINATION: I certify that this instrument has no detectable levels of the potential contaminants listed above.

Signature: _____

Date: _____

Print Name: _____

PI _____

