**LAB EQUIPMENT CLEARANCE FORM**

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***To be completed by laboratory supervisor prior to repair, relocation or disposal of lab equipment. Completion this form constitutes verification that the equipment & area is safe.*NOTE**: Due to applicable regulations and standards, Facilities Service Personnel *are not permitted to carry out any type of servicing work that affects the functioning of bio-safety cabinets, laminar flow hoods and radiation instruments.*

Lab Equipment Clearance Form

Revised: 10/25/19 | LAB-SWP-003

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| --- | --- |
| Building:  | Principal Investigator: |
| Lab Room Number: | Contact Number(s): |
| Department: | Equipment: |
|  |
| **HAZARD TYPES USED IN OR AROUND EQUIPMENT**  |
| [ ] Chemical | [ ]  Radiation |
| [ ]  Biological[ ]  Lasers | [ ]  Magnetic fields[ ]  Other (please specify): |
| **Scope of work and defined work area:** *please describe requested repairs, list equipment to be moved and destination if being relocated.* |
|  |
| Will other energized equipment or experiments in process affect worker safety? [ ]  **NO** [ ]  **YES**  |
| Will the shut-down of fume hoods or services affect the safety or operations of others? [ ]  **NO** [ ]  **YES**  |
| **In signing this form, the Laboratory Supervisor attests that**: |
| Complete / Not Applicable |
| [ ] [ ]  | Work and equipment surfaces are clean and free of any residual biological or chemical contamination.  |
| [ ] [ ]  | Fridge, Freezer, Centrifuge & Incubator doors and lids must be secured closed prior to movement of the equipment. – ***Nothing breakable should be inside during the move and packing material must be used to prevent movement of any remaining contents.*** |
| [ ] [ ]  | ***If the equipment to be worked on or moved is a Biological Safety Cabinet, the lab supervisor has provided written confirmation of full decontamination by a NSF49 certified contractor such as HEPA Filter Services***. |
| [ ] [ ]  | If the equipment bears the warning label “Caution Radioactive Materials”, the lab supervisor has provided written confirmation from the Radiation Safety Office that the equipment is free of radiation hazards.  |
| [ ] [ ]  | All chemicals and hazardous substances have been removed from the defined work area prior to initiation of the work. |
| [ ] [ ]  | No laboratory work, that could expose workers to hazards during the course of the work, shall be conducted in the vicinity of the defined work area. |
|  |
| *The undersigned laboratory supervisor hereby verifies that the designated equipment is free of biohazards, chemical or radiation contamination and that all other hazards are appropriately controlled.* |
| Name | Position |
| Date | Signature |
|  |
| Facilities Staff: Sign off the form below ***when*** the work has been completed. |
| Name | Position | BOW# |
| Date | Signature |

**ATTACH SIGNED COPY TO EQUIPMENT**

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