**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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