

SAFETY CLEARANCE FORM

(For Surplus Property, use the sticker version of this form available by request at 824-2171.)

Principal Investigator (please print): _____

Department: _____

Building and Room Number: _____

Equipment: _____

Serial Number: _____

This is to certify that the laboratory equipment and/or room listed above is considered safe for maintenance work and/or occupancy. For Surplus Property, use the sticker version of this form available by request at 824-2171. All hazardous materials have been removed. All potentially contaminated surfaces have been decontaminated in accordance with the Office of Environmental Health & Safety requirements.

circle

Hazardous materials removed	yes / no
Cleaned	yes / no
Decontaminated	yes / no
Rad safety survey conducted	yes / no
<600 dpm/100 cm ²	yes / no
<0.05 mR/hr or 500 cpm	yes / no
exceptions _____	
Warning signs removed/covered	yes / no
Inspected to verify above	yes / no

Signature, Principal Investigator

Date

*OEHS survey conducted after plumbing disconnect

***OEHS Signature Required**

*OEHS survey conducted during ANY hood, casework, or cold room panel removal.

***OEHS Signature Required**

Surplus Property

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