



Lab Equipment Clearance Form

To be completed by laboratory supervisor prior to repair, relocation, or disposal of lab equipment. Completion of this form constitutes verification that the equipment and area is safe.

Building:	Principal Investigator:
Lab Room Number:	Contact Number(s):
Department:	Equipment:

HAZARD TYPES USED IN OR AROUND EQUIPMENT	
<input type="checkbox"/> Chemical	<input type="checkbox"/> Radiation
<input type="checkbox"/> Biological	<input type="checkbox"/> Magnetic Fields
<input type="checkbox"/> Lasers	<input type="checkbox"/> Other (please specify): _____
Scope of work and defined work area: <i>please describe requested repairs, list equipment to be moved and destination if being relocated.</i>	

In signing this form, the Laboratory Supervisor attests that:		
Complete	Not Applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Work and equipment surfaces are clean and free of any residual biological or chemical contamination
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	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. Contact HSE for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	If the equipment bears the warning label "Caution Radioactive Materials", the lab supervisor has provided written confirmation from HSE that the equipment is free of radiation hazards
<input type="checkbox"/>	<input type="checkbox"/>	All chemicals and hazardous substances have been removed from the defined work area prior to initiation of the work
<input type="checkbox"/>	<input type="checkbox"/>	No laboratory work, that could expose workers to hazards during the course of their work, shall be conducted in the vicinity of the defined work area
<input type="checkbox"/>	<input type="checkbox"/>	If equipment is being sent for disposal & contains data, IT has been consulted.

<i>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.</i>	
Name	Position
Date	Signature

Facilities Staff: Sign off the form below when the work has been completed		
Name	Position	BOW#
Date	Signature	