



**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 <sup>2</sup>	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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