

# LAB CLEARANCE FORM



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THE UNIVERSITY OF BRITISH COLUMBIA

University of British Columbia  
**Laboratory Clearance Form**

**Building Operations**

Building:	Laboratory Supervisor:	
Laboratory Room Number:	Contact Number(s):	
Department:		
<b>Laboratory Clearance <u>must</u> be obtained prior to scheduled work being carried out by Facilities.</b>		
Possible Hazards (Note: The laboratory supervisor/user must indicate if these items have been in use in the lab <i>and ensure the hazards have been controlled</i> ):		
<input type="checkbox"/> Lab Chemical <input type="checkbox"/> Biological Substances <input type="checkbox"/> Lasers	<input type="checkbox"/> Radiation <input type="checkbox"/> Magnetic Fields <input type="checkbox"/> Other: (please specify)	
<b>Prior to starting work, Facilities Personnel and the Laboratory Supervisor must establish:</b>		
Scope of work to be performed & define the work area:		
List the equipment that must be moved. (The laboratory supervisor/user must move equipment or apparatus):		
Will other energized equipment or experiments in process affect worker safety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the shutdowns of fume hoods or services affect the safety or operations of others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Laboratory Supervisor must:</b>		
Done	N/A	
<input type="checkbox"/>	<input type="checkbox"/> If chemicals or biological substances have been used in the lab, ensure work surfaces in this lab are clean and free of any residual contamination. Complete this form as documented verification that the area is safe.	
<input type="checkbox"/>	<input type="checkbox"/> If the working surface or equipment to be worked on bears the warning label " <i>Caution Radioactive Materials</i> ", the lab supervisor shall provide written verification from the Radiation Safety Office that the equipment is free of radiation hazards. A copy of this written verification must be posted at Radiation site.	
<input type="checkbox"/>	<input type="checkbox"/> Remove all chemicals and hazardous products from the defined work area, prior to initiation of the work.	
<input type="checkbox"/>	<input type="checkbox"/> Ensure that no laboratory work that could expose worker to hazards during the course of their work, shall be conducted in the vicinity of the defined work area until final sign of Facilities has been done.	
<b>Laboratory Supervisor or Delegate:</b> Sign off to attest that the defined work area is free of biological, chemical or radiation contamination and that all other hazards are appropriately controlled.		
Name	Position	
Date	Signature	
<b>Facilities:</b> Sign off below <i>after</i> the work has been completed.		
Name	Position	SR or Project#
Date	Signature	

**POST SIGNED COPY ON LAB DOOR**