



University of British Columbia
Laboratory Equipment Clearance Form

Building Operations

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.

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: 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