

Self-Clearance Equipment Form

This form must be completed by laboratory personnel and attached to equipment.

Principal Investigator

PI Name _____
Department _____
Building & Room _____
Phone _____
Email _____
Contact Person _____

Equipment

Laboratory Location:
(Building/Room) _____
Equipment Location: _____
Manufacturer: _____
Einstein Inventory Tag#:
(If applicable) _____
 Dispose Relocate
 Other, specify: _____

Refrigerated Equipment:

If the equipment is being disposed and contains refrigerant, a work order must be submitted to Engineering to have refrigerant safely removed.

Refrigerant recovered by Engineering (x2808): _____ Date: _____

Incubators: If the incubator has a water jacket, it must be drained before submitting a request to Housekeeping.

Inspection:

Check all that apply

Hazardous materials removed by laboratory personnel	<input type="radio"/> Yes	<input type="radio"/> NA
Equipment cleaned by laboratory personnel	<input type="radio"/> Yes	<input type="radio"/> NA
Hazard warnings removed/defaced	<input type="radio"/> Yes	<input type="radio"/> NA
Radiation survey completed*	<input type="radio"/> Yes	<input type="radio"/> NA

***RADIOACTIVE MATERIALS: If radioactive materials were used or stored, please provide wipe test results to the Radiation Safety Officer.**

Radiation Safety Officer Signature

Date

Certification:

I certify that the laboratory/equipment listed above is considered safe. All hazardous materials have been removed. All potentially contaminated surfaces have been decontaminated in accordance with Environmental Health and Safety (EH&S) Office requirements.

Laboratory Contact Signature

Date

Acknowledgment

I certify that the above laboratory/equipment has been cleaned and decontaminated of all chemical, biological and radioactive contaminants.

Principal Investigator Signature

Date

Once completed, attach to equipment and submit work order to Housekeeping.

If you have any questions, please contact EH&S at x4150.