

Laboratory AREA Clearance Checklist

For specific instructions, visit <https://www.uvm.edu/safety/renovating-relocating-or-closing-your-lab>

1	<div>Building & Room #</div> <div>Work Area (for example: west bench):</div>																																														
	<div>Name of Responsible Lab Representative</div>	<div>Phone # / email</div>																																													
2	<div>Please check the reason for area clearance:</div> <div><input type="radio"/> Upgrading/Adding/Removing equipment</div> <div><input type="radio"/> Basic work orders (plumbing, painting, carpentry, etc.)</div> <div><input type="radio"/> Other:</div>	<div>Which hazardous materials have been present?</div> <div><input type="radio"/> Hazardous chemicals</div> <div><input type="radio"/> Biohazardous agents</div> <div><input type="radio"/> Radioactive materials</div>																																													
3	<div>Compliance Activity</div> <div><i>Check each box</i></div> <div>The work area has been emptied and cleaned (e.g. fume hood, bench, cabinet, etc.).</div> <div>All chemical, biological, radioactive, and any other hazardous materials have been moved.</div> <div>Surfaces and equipment that may have come into contact with chemical, biological, and/or radioactive materials have been decontaminated with appropriate disinfectant.</div> <div>All special in-house equipment has been moved.</div> <div>Compressed gas cylinders are secured and capped or have been moved.</div> <div>Laboratory floors in the work area listed above have been swept and cleaned.</div> <div>All sinks in the work area listed above have been cleaned and all debris has been removed.</div> <div>General cleanliness and housekeeping are safe and acceptable.</div> <div></div> <div></div> <div></div> <div></div> <div>Other:</div>	<div>Lab Representative</div> <table><thead><tr><th>Yes</th><th>No</th><th>N/A</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Yes	No	N/A																																										
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4	<div>I certify that the Laboratory Clearance Procedures have been followed to the best of my ability.</div> <div><div>Signature of Responsible Lab Representative</div><div>Date</div></div> <div><div>* As needed, Environmental Health & Safety may be contacted to visually inspect the work area to ensure it is safe. Call SOS at 802-656-2560 to page RMS in an emergency. *</div><div>I certify that I have reviewed the area referenced on this form and find it to be properly cleared, unless otherwise noted.</div></div> <div><div>Name of EHS Reviewer</div><div>Signature of Reviewer</div><div>Date</div></div>																																														