

Laboratory AREA Clearance Checklist

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

1	Building & Room #	Work Area (for example: west bench):
	Name of Responsible Lab Representative	Phone # / email

2	Please check the reason for area clearance: <input type="radio"/> Upgrading/Adding/Removing equipment <input type="radio"/> Basic work orders (plumbing, painting, carpentry, etc.) <input type="radio"/> Other:	Which hazardous materials have been present? <input type="radio"/> Hazardous chemicals <input type="radio"/> Biohazardous agents <input type="radio"/> Radioactive materials <input type="radio"/> Other:
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	Compliance Activity	Lab Representative		
	<i>Check each box</i>	Yes	No	N/A
	The work area has been emptied and cleaned (e.g. fume hood, bench, cabinet, etc.).			
	All chemical, biological, radioactive, and any other hazardous materials have been moved.			
	Surfaces and equipment that may have come into contact with chemical, biological, and/or radioactive materials have been decontaminated with appropriate disinfectant.			
	All benchtop equipment (e.g. oven, rotovap, centrifuge, etc.) has been moved.			
	Compressed gas cylinders are secured and capped or have been moved.			
	All lab coats have been moved.			
	All sinks in the work area listed above have been cleaned and all debris has been removed.			
	General cleanliness and housekeeping is safe and acceptable.			
	Other:			

4	I certify that the Laboratory Clearance Procedures have been followed to the best of my ability.
	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> Signature of Responsible Lab Representative Date </div>

* As needed, Risk Management & Safety may be contacted to visually inspect the work area to ensure it is safe.
 Call SOS at 802-656-2560, ext. 1 to page RMS in an emergency. *

I certify that I have reviewed the area referenced on this form and find it to be properly cleared, unless otherwise noted.

Name of RMS Reviewer	Signature of Reviewer	Date
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