

Laboratory Clearance Checklist

For specific instructions and guidance, visit <http://www.uvm.edu/safety/lab/laboratory-clearance>

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

2	Please check the reason for laboratory clearance:	Which hazardous materials have been present?
	<input type="radio"/> Lab vacated <input type="radio"/> Upgrading/Adding/Removing equipment <input type="radio"/> Basic work orders (plumbing, painting, carpentry, etc.)	<input type="radio"/> Hazardous chemicals <input type="radio"/> Biohazardous agents <input type="radio"/> Radioactive materials

3	Compliance Activity	Lab Representative			RMS Reviewer		
		Yes	No	N/A	Yes	No	N/A
	<i>Check each box</i>						
	All chemical, biological, and radioactive wastes have been removed.						
	All sharps have been disposed of appropriately.						
	RMS or a hazmat contractor has been scheduled to move hazardous materials if going outside the building.						
	Compressed gas cylinders have been removed. *Contact compressed gas vendor to move or remove cylinders.						
	All special in-house equipment has been removed or secured.						
	Drawers and cabinets have been emptied and cleaned.						
	Bench tops, shelves, drawers, cabinets, and work areas have been cleaned.						
	Chemical storage areas have been decontaminated and cleaned.						
	Fume hood(s) have been decontaminated and cleaned.						
	Radiation Safety has surveyed and decommissioned the lab.						
	Surfaces and equipment that may have come into contact with biological materials have been decontaminated with appropriate disinfectant.						
	All experimental samples have been identified and properly disposed or transferred to a new laboratory.						
	Laboratory floors have been swept and cleaned.						
	All sinks have been cleaned and all debris has been removed.						
	General cleanliness and hygiene is acceptable.						
	All safety signs have been removed or changed as needed.						
	Other:						

4	I certify that the Laboratory Clearance Procedures have been followed to the best of my ability.		
	_____	_____	
	Signature of Responsible Lab Representative	Date	
	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

This lab has completed
the clearance procedure
and is prepared for
construction, renovation,
or closure.

If any hazardous materials are
found after laboratory clearance,
call Service Operations Support at
[656-2560 ext. 1](tel:656-2560)
to have Risk Management paged.