

CLEARANCE FOR LABORATORY ACCESS BY SERVICE/ REPAIR/ FACILITIES PERSONNEL

< Principal Investigator or designee: Please complete & display this form on main entrances to the laboratory. >

Principal Investigator: _____	BUILDING /ROOM # (S): _____
-------------------------------	-----------------------------

Lab Access May Begin: _____ am/ pm Date Time	Lab Access Expires: _____ am/ pm Date Time
---	---

IMPORTANT: 1) NO FOOD, DRINK, OR SMOKING ALLOWED IN LAB. 2) WASH HANDS UPON LEAVING THE LAB.

Personal Protective Equipment Required (specify): _____

Personnel will be escorted by: _____
Name Phone Number

Hazards present in lab area:	Safety measures completed:
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Chemicals closed and secured.
<input type="checkbox"/> Biological Agents	<input type="checkbox"/> Biological Agents secured and surfaces decontaminated.
<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Radiation cleared; Wipe Test successfully completed.
<input type="checkbox"/> Lasers	<input type="checkbox"/> Systems de-energized and secured.
<input type="checkbox"/> Electrical/High Voltage	<input type="checkbox"/> Systems de-energized and secured.
<input type="checkbox"/> Other:	<input type="checkbox"/> Hazards secured.
I completed these safety measures: _____ Name Date	

SERVICE/ REPAIR/ FACILITIES PERSONNEL:	
Notify this person immediately if there are any spills, exposures or concerns:	
_____ Printed Name	_____ Phone Number