

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