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 Begi	n:	Lab Access Expires:			
Date	am/ pm Time	Date	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:		
	Chemicals closed and secured.		
Biological Agents	Biological Agents secured and surfaces decontaminated.		
Radioactive Materials	Radiation cleared; Wipe Test successfully completed.		
Lasers	Systems de-energized and secured.		
Electrical/High Voltage	Systems de-energized and secured.		
Other:	Hazards secured.		
I completed these safety measures:			

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