

CLEARANCE FOR LABORATORY ACCESS BY SERVICE/ REPAIR/ FACILITIES PERSONNEL

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

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

| | |
|--|--------------------------------------|
| 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