



LABORATORY/EQUIPMENT SAFETY CLEARANCE FORM*

This is to certify that the laboratory equipment and/or room listed below is considered safe for maintenance work, surplus property, and/or occupancy. All hazardous materials have been removed. All potentially contaminated surfaces have been decontaminated in accordance with Environmental Health and Safety (EHS) Office requirements. **Tape a copy of the completed form to the piece of equipment or door of lab.**

Principal Investigator: _____ Department: _____

Building: _____ Room number: _____

Type of Equipment _____

Manufacturer: _____

Model Name/Number _____

Serial Number or PSU Inventory Number _____

	YES	N/A	INITIAL & DATE
Hazardous Materials Removed by Lab Personnel (except asbestos, which is removed by OPP only)			
Cleaned by Lab Personnel			
Hazard/Warning Signs Removed/Covered			
Radiation Survey Completed by EHS			

Laboratory Supervisor: (Print) _____

Signature: _____

Date: _____

**Fax Copy to EHS, 863-7427*