

EQUIPMENT CLEARANCE FORM
University of Maryland Baltimore

Instructions and Form

In order for some types of equipment to be moved, removed, or to undergo maintenance, lab personnel and responsible parties must first ensure that it has been suitably decontaminated and safe. Complete this form entirely after equipment has been **fully cleaned** and **decontaminated** by lab personnel. Have a signed copy available for movers or property personnel.

Any equipment that has contained or been exposed to chemical, biological, or radioactive hazards must first be decontaminated before relocation. It is the responsibility of the principal investigator to ensure that all areas have been decontaminated by personnel using the appropriate PPE and that the health and safety of the University's students, staff, and outside contractors are protected.

Chemical Hazards: Wipe surfaces and equipment that have come in contact with toxic/hazardous chemicals with a warm solution of soap and water. This may include fumehoods (inside and out), bench tops, floors, refrigerators and sinks.

Biological Hazards: Any surface with which a biological hazard has come into contact must be decontaminated using a 1:10 dilution of household bleach in water (5.25% sodium hypochlorite) or Wescodyne, left on the surface for 15 minutes, then wiped off. The surface must then be wiped with a 70% ethanol solution to remove bleach residue. The principal investigator is responsible for verifying that sodium hypochlorite or Wescodyne is the appropriate substance to inactivate the hazard.

Radiation Hazards: Contact Radiation Safety through EHS at (410)706-7055 for proper closeout procedures, which will include a termination survey and inspection.

Biosafety cabinets (BSC's): Before a Biosafety Cabinet is relocated, disposed of, or moved in any way, it must be decontaminated by [B&V Testing](#). After decontamination, B&V will place a certification sticker on the cabinet, indicating that the cabinet has been decontaminated. Once relocated, B&V must certify the cabinet in its new location.

Labeling: After equipment is decontaminated, remove or deface any hazard stickers.

ALL WASTE: Chemicals no longer in use or abandoned, all biological materials, biohazardous waste, sharps containers, unsecured sharps, radioactive materials, and/or radioactive waste must be removed from the laboratory to be vacated. Secure all waste and submit a relevant Waste Removal Form, obtained on the EHS website to initiate a pickup.

EQUIPMENT REMOVAL/CLEARANCE FORM

University of Maryland Baltimore

Complete this form entirely after the equipment has been **fully cleaned** and **decontaminated** by lab personnel. If you have any questions, contact EHS at (410)706-7055.

Name of responsible individual: _____

Contact person: _____

Email or phone (at least one required): _____

Building and Room Number (s): _____

Equipment to be cleared:

Equip. make: _____

Equip. Model: _____

Serial Number: _____

UMB Tag#: _____

Reason for clearance:

- | | |
|---|--|
| <input type="checkbox"/> Moving or removing equipment | <input type="checkbox"/> Disposal of equipment |
| <input type="checkbox"/> Repair of equipment | <input type="checkbox"/> Upgrading/adding equipment (installing utilities, adding canopies, etc) |

Risk of Contamination:

- I _____ (enter name) confirm that this piece of equipment did not come into contact with hazardous or infectious substances
- The area may have been exposed to potentially hazardous substances and **has been cleared**.
 - Radiation
 - Biohazards, potentially infectious agents
 - Indicate biosafety level of work performed/BSL level: _____
 - Harmful aqueous solutions, buffers, acids, alkalis
 - Toxic chemicals
 - Recombinant DNA

Decontamination Statement:

I, _____ (print name) hereby certify that all known biological, chemical and/or radiological hazards have been eliminated from the affected laboratory equipment listed on this form. I further certify that all listed work areas have been properly decontaminated and cleaned and are ready for removal/repair/disposal.

Signature of Responsible Individual: _____ Date: _____

Telephone No. of Responsible Individual: _____