

Statement of Removal of Hazards from Area of Work
University of Maryland Baltimore

When minor facility, maintenance, or housekeeping work needs to be completed in a laboratory area that contains potential work hazards, the areas must first be cleared of all hazards by laboratory personnel to protect the health and safety of all workers. Complete this form when facility, maintenance, or housekeeping work will be completed in your workspace, certifying that you have removed all potential hazards that may exist in the space. A completed signed form may be posted in the area of interest to indicate that hazards have been removed.

Work may be delayed if the work area has not been cleared appropriately. If you have any questions about what may constitute potential hazards that must be removed/moved/stored, please contact EHS at 6-7055.

Please ensure that, in the area where work is to be carried out:

- bottles and glassware have been removed from surfaces
- sharps containers and biohazard boxes have been sealed and removed, or moved to another location away from the area
- any surfaces that facilities staff or contractors may reasonably be expected to contact be cleaned as appropriate for the potential hazard (chemicals bottles closed and stored away from work area, biohazardous materials removed or cleaned and decontaminated with a 1:10 dilution of bleach then wiped with 70% ethanol)

Name of responsible individual: _____

Contact person: _____

Email or phone (at least one required): _____

Building and Room Number (s): _____

Describe the area of work (fixtures, floors, plumbing, electrical, etc): _____

Statement of Removal of Hazards:

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

Signature of Responsible Individual: _____ Date: _____

Telephone No. of Responsible Individual: _____