



Appendix 2: UBC Laboratory & Equipment Clearance Form

Building:	Responsible (Lab) Supervisor:
Room Number:	Contact Number(s):
Department:	
Laboratory & Equipment Clearance must be obtained prior to scheduled work being carried out by Bldg Ops workers.	
Possible Hazards (NOTE: The responsible supervisor must indicate if these hazards have been in use in the lab and MUST ensure the hazards have been controlled or removed as necessary):	
<input type="checkbox"/> Chemicals (including mercury) <input type="checkbox"/> Biohazards (Risk Group 1-3 including toxins) <input type="checkbox"/> Radiation	<input type="checkbox"/> Lasers <input type="checkbox"/> Magnetic Fields <input type="checkbox"/> Other (please specify)
Prior to starting work, Building Operations Personnel and Responsible (Lab) Supervisor must establish:	
Scope of work to be performed & define the work area and/or equipment to be moved/removed.	
Responsible (Laboratory) Supervisor must confirm the following:	
Yes / No / N/A	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured energized equipment or experiments in process will not affect worker safety?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured the shutdowns of fume hoods or services will not affect the safety or operations of others?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured that work surfaces in this lab are clean and free of any hazards and residual contamination (chemicals, biohazards, etc)?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured that equipment to be moved/removed is clean and free of any hazards and residual contamination (chemicals, biohazards, radiation etc.)?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured that "Caution Radioactive Materials" warning labels are posted on work surfaces or equipment? (Responsible lab supervisor shall provide written authorization from the Radiation Safety Office that the equipment is free of radiation hazards.)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is it ensured that no laboratory work, that could expose worker to hazards during the course of his work, shall be conducted in the vicinity of the defined work area or equipment?
The undersigned responsible (lab) supervisor hereby verifies that the defined work area and/or equipment is free of biohazards, chemical or radiation contamination and that all other hazards are appropriately controlled.	
Name	Position
Date	Signature
Building Operations workers will communicate completion of work to responsible supervisor	
Please post signed copy on Lab Door or Equipment to be moved	