

UMB LABORATORY EQUIPMENT CLEARANCE CERTIFICATION

Building and Room Number (s):	
Work Area:	
Please check the reason for clearance:	
<input type="radio"/> Moving/Removing equipment Equipment Make: _____ Model: _____ Serial #: _____ UMB Tag #: _____	<input type="radio"/> Repair of equipment
<input type="radio"/> Disposing	<input type="radio"/> Upgrading/Adding equipment (installing utilities, etc.)
Which type of hazardous materials has been present?	<input type="radio"/> Toxic chemicals (See instructions)
<input type="radio"/> Biohazardous (See instructions)	<input type="radio"/> Radioactive materials (See instructions)
Comments:	
I 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 the entry of construction workers and/or movers.	
Name of Responsible Individual	Signature of Responsible Individual
Phone No. of Responsible Individual	Date

* If you have any questions or need assistance, please contact OS at 410.706.3490. Thank you for your commitment to safety for the University.