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**APPENDIX 3 – A**

**SAFETY CLEARANCE FORM**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Room(s) #: \_\_\_\_\_ Equipment: \_\_\_\_\_ Serial #: \_\_\_\_\_

This is to certify that the laboratory equipment and/or room(s) listed above is(are) 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 Health and Safety Office requirements.

**circle**

hazardous materials removed	yes / no
cleaned	yes / no
decontaminated	yes / no
rad safety survey conducted	yes / no
<600 dpm/100 cm <sup>2</sup>	yes / no
<0.05 mR/hr or 500 cpm	yes / no
exceptions _____	
warning signs removed/covered	yes / no
inspected to verify above	yes / no

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Signature, Principal Investigator

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Date

HSO FORM 401  
April 1999