

PURDUE UNIVERSITY Hazard Clearance & Declaration

This form certifies equipment or facilities submitted for maintenance and/or disposal have been properly cleaned and all controllable hazards minimized. It is the customer's responsibility to ensure all proper cleaning and hazard abatement is performed before maintenance personnel arrive. Although decontamination of surfaces potentially contaminated with hazardous materials is required, all personnel must still wear appropriate personal protective equipment (PPE) as a precautionary measure. **This form is required if the equipment was exposed to biohazards or radioisotopes.** For more decommissioning and cleaning instructions, see the EHS **Hazard Clearance and Declaration** webpage (<https://www.purdue.edu/ehps/rem/laboratory/equipment-safety/research-equipment/hazard.html>).

Hazard Type

☐ **Chemical** ☐ **Biohazard** ☐ **Radioisotope** (Send to EHS after completing Section 1)

SECTION 1 (Completed by the individual most knowledgeable of potential hazards that may exist (e.g., researcher, principal investigator, laboratory manager). If **radioisotopes** have been used decontaminate all accessible surfaces and send this form to EHS to complete Section 2 and verify the equipment and/or facility is free from contamination.)

Customer Name: _____ **Phone:** _____

List all actions taken to minimize hazards to personnel performing requested work:

(e.g., decontaminated surfaces of equipment with an appropriate cleaning solution)

Communicate all potential hazards that may still exist and recommend appropriate PPE:

(e.g., wear chemical-resistant gloves as a precautionary method)

Certification Statement: An effort has been made to decontaminate all surfaces that may have been contaminated with hazardous materials. Any hazards that still exist have been clearly communicated including PPE recommendations

Customer Signature: _____ **Date:** _____

SECTION 2 (Completed by EHS if **radioisotopes** were used in the area or if the customer seeks further advice.)

EHS Contact: _____ **Phone:** _____

Check all that apply:

- ☐ Radioisotopes were used and EHS has confirmed no radioactive surface contamination has been detected.
- ☐ EHS was requested to provide a professional opinion about possible needs for more cleaning, analytical testing, or additional PPE requirements. Refer to the Comments/PPE Recommendations below for EHS comments.
- ☐ No Hazards

Comments/PPE Recommendations:

EHS Signature: _____ **Date:** _____