The purpose of the **Clearance to Work in Laboratories Procedure** is to ensure a safe work environment for all non-lab workers (e.g. Science Facilities staff, Facilities Maintenance & Operations staff, contractors and service providers) entering any laboratory spaces.

If chemicals, radioactive material or biohazards have been used in the lab, ensure work surfaces in this lab are clean and free of any residual contamination and complete the form on the following page as documented verification that the area is safe.

**The form must be completed by the Person in Charge of the laboratory and posted** on the entrance of the lab to indicate to non-lab workers that the area that they will be entering and working in is free of hazards.

As part of the Clearance to Work in Laboratories Procedure, Safety Services is required to sign off when the lab is designated as a Radioisotope or Containment Level 2 laboratory.

## **PI/Laboratory Supervisor must:**

* Define a safe work area that is clear of hazardous materials, surfaces have been cleaned and are free of residues, experiments have been stopped and obstructions (including chemical containers, lab carts, lab chairs and equipment) have been removed to allow access.
* If the working surface or equipment is labelled with, “Caution Radioactive Materials”, the PI/lab supervisor must receive written authorization from the Radiation Safety Officer that the equipment is free of radiation hazards, ***prior*** to commencing work.
* Ensure that no laboratory activities, ***that could expose non-lab workers to hazards during the course of their work***, is being conducted.
* Clearance to Work documents need to be **signed by Safety Services if the work activities are in a :**
* Containment Level 2 lab, Radioisotope lab/storage area
* or involve work with designated radiation equipment (lasers, x-ray, LSC)

## **Non-lab workers entering the lab must:**

1. Conduct work only in defined areas.
2. Follow appropriate safe work procedures.
3. Contact their immediate supervisor, designated University Contact or Safety Services if questions or clarification is required.

**Principal Investigator/Person in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Laboratory/Rm#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Lab:** Radioisotope CL2 Chemistry Bio/Micro Physics Other

**Scope of Work:**

|  |  |
| --- | --- |
| **The area entered by non-laboratory workers** | **Completed** |
| Work area is free of chemical and equipment hazards | Yes No N/A |
| All residues on surfaces in the area have been cleaned | Yes No N/A |
| If required by permits; all surfaces have been tested and are free of contamination | Yes No N/A |
| All experiments in the area have been stopped | Yes No N/A |
| Obstructions have been removed from the area to allow access | Yes No N/A |
| Other |  |

**Principal Investigator/Person in Charge Sign-Off:**

“The area is free of chemical, biological or radioactive contamination; physical hazards have been removed and is now safe for cleaning, renovation or repair work to proceed”.

**Principal Investigator/Person in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**Safety Services Sign-Off required for specific regulated hazards:**

Radiation Safety Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date N/A

Biosafety Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date N/A

**Please post signed copy at worksite**