

Hazard Clearance & Declaration Form

This form certifies that equipment and/or facilities being submitted to Physical Facilities (PF) for maintenance or disposal have been properly cleaned and all controllable hazards have been minimized. It is the responsibility of the customer making the work request to ensure that all proper cleaning and/or hazard abatement is performed before PF personnel arrive. **This form is required if the lab equipment was exposed to radioisotopes. Even though decontamination of surfaces potentially contaminated with hazardous materials is required, all personnel should still wear appropriate personal protective equipment (PPE) when handling the equipment as a precautionary measure.** Refer to <http://www.purdue.edu/rem/home/files/hazard.htm> for further decommissioning and cleaning instructions.

SECTION 1: To be completed by the individual that has the most knowledge of the potential hazards that may exist (e.g. researcher, principal investigator, laboratory manager). **If radioisotopes have been used, decontaminate all accessible surfaces and contact REM (49-46371).** REM will verify that the equipment and/or facility is free from radioactive contamination and complete Section 2 of this form.

Customer Name: _____ **Phone:** _____

List all actions taken to minimize hazards to PF 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.

Signature: _____ **Date:** _____

SECTION 2: To be completed by REM if radioisotopes were used or if customer is seeking further advice.

REM Contact Name: _____ **Phone:** _____

REM representative check the following box(es) that applies:

- ☐ Radioisotopes were used in this area and REM has confirmed no radioactive surface contamination has been detected.
- ☐ REM 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 REM's response.

Comments/PPE Recommendations:

Signature: _____ **Date:** _____