

Safety Clearance Protocol and Request Form

Prior to any work involving any AREA or EQUIPMENT, the area or equipment must be assessed by EHS to determine that the area is free of radiological, biological, and chemical hazards.

All requests for such assessment must be submitted to EHS in writing, via fax or hand delivery. A copy of this form may be obtained by calling EHS at 216.368.2907 or on the EHS web site: <https://www.case.edu/ehs>.

The EHS fax number is 216.368.2236. A five day minimum processing time should be expected for all requests.

**NO WORK IS TO BE CONDUCTED IN ANY AREA OR ON ANY EQUIPMENT
UNTIL A WRITTEN CONFIRMATION IS RECEIVED.**

TO BE COMPLETED BY PERSON SENDING CLEARANCE

Date:	<input type="text"/>	Time:	<input type="text"/>
Equipment or Area Description:	<input type="text"/>		
Disposition (ie-relocation, disposal, repair):	<input type="text"/>		
Building:	<input type="text"/>	Room:	<input type="text"/>
		PI:	<input type="text"/>
Person Sending Clearance (ie-Customer Service):	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Laboratory Contact:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Speedtype/Account Number (for disposal only):	<input type="text"/>		
Comments/Special Considerations:	<input type="text"/>		

**For Environmental Health and Safety (EHS) Use Only
Clearance Approved**

Radiation Technician Assigned:

Chemical/Biological Technician Assigned:

	Cleared By	Date	Time
Radiation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemical/ Biological:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Clearance Completed:	<input type="text"/>	

Comments: This clearance is only valid for 30 days after the clearance completion date.