

Safety Clearance Protocol and Request Form

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

All requests for such assessment must be submitted to DOES in writing, via fax or hand delivery. A copy of this form may be obtained by calling DOES at 368-2907 or on the DOES website, <http://does.cwru.edu>. The DOES fax number is 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. FACILITIES SERVICES REQUIRES A SPEEDTYPE TO BEGIN WORK.

TO BE COMPLETED BY PERSON SENDING CLEARANCE

Date: Time:

Equipment or Area Description:

Disposition (ie-relocation, disposal, repair):

Building: Room: PI:

Person Sending Clearance (ie-Customer Service):

Phone: Fax:

Laboratory Contact:

Phone: Fax:

Speedtype, comments, and special considerations:

For DOES Use Only Clearances 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.