

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 email or hand delivery.

The EHS email is cwruehs@case.edu. 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: _____	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/Account Number (for disposal only): _____	
Comments/Special Considerations: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

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

Radiation Technician Assigned: _____

Chemical/Biological Technician Assigned: _____

	Cleared By	Date	Time
Radiation:	_____	_____	_____
Chemical/ Biological:	_____	_____	_____
	Clearance Completed:	_____	

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