

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:

**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.