Laboratory decontamination and area clearance form

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| School | |  | | | | Building | |  | | | |
| Room number | |  | | | | | | | | | |
| Please tick and complete the appropriate sections: | | | | | | | | | | | |
| 1. This laboratory has not been used for any purposed involving hazardous substances | | | | | | | | | | |  |
| 2. This laboratory has been used with the following hazardous substances and actions have been taken to decontaminate the area are detailed below | | | | | | | | | | |  |
|  | Details | | | | | | Action taken to decontaminate | | | | |
| Biological material |  | | | | | |  | | | | |
| Hazardous Chemical |  | | | | | |  | | | | |
| Radiation | Please specify isotopes: | | | | | | See separate decontamination plan for unsealed source laboratories | | | | |
| 3. All equipment has been cleared from the laboratory | | | | | | | | | | |  |
| 4. It has been agreed with E&F that the equipment listed below can remain within the room. | | | | | | | | | | |  |
| Microbiological safety cabinet | | |  | | Has this been decontaminated by fumigation? | | | | | YES | |
| NO | |
| If no please detail materials use in cabinet and action taken to decontaminate | | |  | | | | | | | | |
| Fume cupboard |  | | Action taken to decontaminate: | | | | | | | | |
| Other equipment | Name | | Action taken to decontaminate : | | | | | | | | |
| Sinks – please confirm that all non-transparent sink traps have been removed and checked for foreign objects and objects removed | | | | | | | | | | |  |
| 5. Complete decontamination of some aspects of the fabric, services or fixtures cannot be practicably achieved and some residual contamination may remain | | | | | | | | | | |  |
| Detail aspects and nature of residual contamination: | | | | | | | | | | |  |
| Declaration | | | | | | | | | | | |
| I confirm the details are correct (person in charge of laboratory) | | | | | | | | | | | |
| Signed | | | | Print name | | | | | Date | | |
|  | | | |  | | | | |  | | |