## 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 <u>216.368.2236</u>. 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.

Γ	TO BE COMPL	<u>LETED BY PERS</u>	<u>SON SENDI</u>	NG CLEA	RANCE	
Date:	Time:					
Equipment or	Area Description:					
Disposition (ie	e-relocation, disposa	ıl, repair):				
Building:		Room:	PI:			
Person Sendii	ng Clearance (ie-Cus	stomer Service):				
Phone:			Fax:			
Laboratory Co	ontact:					
Phone:			Fax:			
	Account Number Special Consideration	(for disposal only	):			
For Environmental Health and Safety (EHS) Use Only Clearance Approved						
Radiation Tec	hnician Assigned:					]
Chemical/Biol	ogical Technician As	ssigned:	•		1	
	Cleared	d By	Date	Э	Time	
Radiation:						
Chemical/						
Biological:	Clea	arance Completed:				
Comments: This clearance is only valid for 30 days after the clearance completion date.						