

Project Information (To Be Completed by F&S Shop)			
Building #:	Building Name:		Room #:
Projected Start Date:	Duration:	F&S Contact:	
Email:	Phone:	Pager:	
Description of Maintenance:			
Date Submitted to Unit:		Date Return Receipt Requested:	
Research Information (To Be Completed by Unit Contact)			
Unit Contact:	Email:	Phone:	
Current PI:	Email:	Phone:	
Current Use of System:			
Previous PI:	Email:	Phone:	
Previous Use of System:			
Date Completed:			
Note: A list of Unit responsibilities is included at the end of this document.			
Hazard Information (To Be Completed by Unit Contact)			
1. What type of Laboratory Equipment or Appliance is being affected by this maintenance?			
Exhaust Equipment	Plumbing Systems	Appliances	
<input type="checkbox"/> Chemical Fume Hood	<input type="checkbox"/> Lab Sink / Drain	<input type="checkbox"/> Refrigerator/Freezer	
<input type="checkbox"/> Biological Safety Cabinets	<input type="checkbox"/> Fume Hood Sinks / Drain	<input type="checkbox"/> Oven	
<input type="checkbox"/> Laminar Flow hood	<input type="checkbox"/> Neutralizing Sump / Drain	<input type="checkbox"/> Furnace	
<input type="checkbox"/> Vacuum system		<input type="checkbox"/> Climate Controlled Rooms	
Other:			
Make:	Model:	Serial Number:	
2. Are (were) any infectious or potentially infectious organisms used or stored in this system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are (were) hazardous chemicals used or stored in this system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are (were) radioactive materials used or stored in this system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 2, 3, or 4, Please List Potential Contaminates and refer to the Responsibility of Requesting Unit (#3-5):			
5. Was/Is perchloric acid being used in this system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Was/Is it being heated above ambient temperatures?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tested for Perchlorates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test Results:	

6. Are experiments currently taking place or are chemicals being stored in affected equipment or appliances? If yes, secure hazardous materials, relocate hazardous materials and equipment that pose access issues, and decontaminate surfaces that may be contacted by F&S employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment and Appliance Decontamination Procedure (To Be Completed by Unit Contact)	
7. Select potential contaminate and briefly describe the decontamination process. DRS provides general procedures for decontamination here and can be contacted for further assistance. Radioactive: <input type="checkbox"/> Chemical: <input type="checkbox"/> Biological: <input type="checkbox"/> Perchlorates: <input type="checkbox"/> Other: _____ Method:	
Reviewed By:	Date:
Safe Work Practices for F&S Employees (To completed by OSH)	
Recommended PPE and other Precautions:	
Reviewed By:	Date:
Confirmation of Hazards and Recommendations (To Be Completed by F&S Shop Representative)	
Shop Representative:	Date: