

1. Project Information (To Be Completed by F&S Shop)		
Building #:	Building Name:	Room(s) #:
Estimated Start Date and Duration:		F&S Contact:
Email:		Phone:
Description of Maintenance:		
Date Submitted to Unit:		Date Returned:
2. Research Information (To Be Completed by Unit Contact)		
Facility / Lab Contact:	Email:	Phone:
Current PI:	Email:	Phone:
Specific Entry Protocols for F&S: (i.e. exclusion zones, pre-approval contacts, or limited access, etc.)		
Identify laboratory equipment, appliance(s), and/or systems included in the service request. N/A <input type="checkbox"/>		
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"/> Gas lines	<input type="checkbox"/> Climate Controlled Rooms
Other:		
Are any of the following hazards in and/or around the designated work area? (Check all that apply)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Flammable	<input type="checkbox"/> Compressed Gas: F <input type="checkbox"/> T <input type="checkbox"/> Ox <input type="checkbox"/> Non <input type="checkbox"/>	<input type="checkbox"/> Radioactive Materials
<input type="checkbox"/> Explosive	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Laser(s)
<input type="checkbox"/> Oxidizing	<input type="checkbox"/> Irritant	<input type="checkbox"/> Strong Magnetic Fields
<input type="checkbox"/> Health Hazards	<input type="checkbox"/> Cryogenics	<input type="checkbox"/> Radio Frequencies
<input type="checkbox"/> Toxic	<input type="checkbox"/> Biological Materials	<input type="checkbox"/> Shock Hazards
<input type="checkbox"/> Environmental Hazard	<input type="checkbox"/> Perchloric Acid	<input type="checkbox"/> High Voltage
<input type="checkbox"/> Other:		
Have active experiments in and/or near the work area been discontinued?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have hazardous materials secured and/or relocated properly?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the equipment, appliances, surfaces and/or work area been properly decontaminated? (see section 3 for details)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

3. Equipment and Appliance Decontamination Procedure (To Be Completed by Unit Contact)

Select potential contaminate and briefly describe the decontamination process. DRS provides general procedures for decontamination [here](#) and can be contacted for further assistance.

Radioactive: Chemical: Biological: Perchlorates: Other: _____

Method:

Reviewed By:

Date:

4. Safe Work Practices for F&S Employees (To completed by F&S Safety Coordinator)

Recommended PPE and other Precautions:

Reviewed By:

Date: