

HS700

UNSW  
AUSTRALIA

## Laboratory Clearance Certificate

(Reference document: HS699 [Laboratory Clearance Certificate Guideline](#))

This certificate is to be completed by the Laboratory Manager for the maintenance contractor and displayed by the contractor in the work area.

Valid From: {date}	Time: am/pm	Valid to: {date}	Time: am/pm
Job number:	Building:	Room Number:	
Brief Description of the work			
Item			Tick when complete
<b>If work is required in/on a fume cupboard:</b> All equipment/chemicals/waste has been removed from the fume cupboard and the fume cupboard has been cleaned/decontaminated leaving it safe for work.			<input type="checkbox"/>
<b>If work is required on/around/within cupboards or under benches:</b> The cupboards and under benches have been cleared of equipment/chemicals/waste and cleaned/decontaminated leaving it safe for work. The sinks and traps have been cleaned/decontaminated leaving it safe for work.			<input type="checkbox"/> <input type="checkbox"/>
<b>If work is required on the floor:</b> The area has been cleared of equipment/boxes/chemicals/waste and cleaned/decontaminated leaving it safe to work.			<input type="checkbox"/>
Routes of egress have been cleared of <b>ALL</b> identified hazards			<input type="checkbox"/>
Facilities and/or contractor required to carry out work in this laboratory have received induction. Date of Induction _____ Inducted by: _____			<input type="checkbox"/>
Records of the induction are maintained by: {name} _____			
Will laboratory activities be undertaken during the work? <i>Please circle</i>			Y - N
<b>If yes, list measures to ensure safety of Facilities staff and/or its contractors</b>			
Is specific laboratory Personal Protective Equipment required to be worn by Facilities staff and/or its contractors when carrying out work in this laboratory?			Y - N
<b>If yes, list.</b>			

I certify that the area (above) has been made safe for work (Laboratory Manager).

\_\_\_\_\_  
PRINT Name\_\_\_\_\_  
(Signature)\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

This section is to be completed by the contractor and given to the Lab Manager.:

I certify that the work is complete and the area is ready for occupation

\_\_\_\_\_  
PRINT Name\_\_\_\_\_  
(Signature)\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)