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|  | **Laboratory Clearance Certificate** | | | | | | | | | | | logo -small use blk | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Instructions:** A clearance certificate must be completed for every laboratory vacated. The declaration must be signed by the manager responsible for the area. A copy of the clearance certificate must be kept by the Department for records (usually retained by the DSO), posted on the door and a copy given to the project officer if requested. | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **SECTION 1 Organisation** | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Department | | | \_\_\_\_\_\_\_\_\_ | | | | | | Building | \_\_\_\_\_\_\_\_\_ | | | Lab. no. | | | | | \_\_ | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Manager | | | \_\_\_\_\_\_\_\_\_ | | | | | | e-mail | \_\_\_\_\_\_\_\_\_ | | | | ext | | | \_\_ | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **SECTION 2 Hazards** | | | | |  | | | | | | | | | | |  | | |  | |  | | |  |
|  | **BIOLOGICAL** | | | | | **ACTION** | | | | | | | | | | | **YES** | | |  | | **N/A** | | |  |
|  | Surfaces e.g. benches, floor and splashbacks | | | | | All hard surfaces have been disinfected by spraying or wiping | | | | | | | | | | |  | | |  | |  | | |  |
|  | Sink(s) | | | | | Surface has been disinfected | | | | | | | | | | |  | | |  | |  | | |  |
|  | Drain(s) | | | | | Disinfected and flushed with water for 5 minutes | | | | | | | | | | |  | | |  | |  | | |  |
|  | Storage e.g. cold rooms, freezers and fridges etc | | | | | All storage areas have been emptied and disinfected | | | | | | | | | | |  | | |  | |  | | |  |
|  | Safety cabinets | | | | | Cabinets and ductwork (if present) have been fumigated. Decontamination certificate attached ready for relocation or disposal | | | | | | | | | | |  | | |  | |  | | |  |
|  | Containment level 3 laboratory | | | | | The laboratory has been fumigated | | | | | | | | | | |  | | |  | |  | | |  |
| It has been assessed that fumigation is not necessary. This conclusion has been reached by taking account of the agents handled and history of any spills outside the containment e.g. safety cabinets | | | | | | | | | | |  | | |  | |  | | |  |
|  | Biological material e.g. cultures, specimens, GMMs | | | | | Material has been autoclaved or disinfected prior to disposal as clinical waste | | | | | | | | | | |  | | |  | |  | | |  |
|  | **RADIATION** | | | | |  | | | | | | | | | | |  | | |  | |  | | |  |
|  | List the radionuclides used | | | | | List: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | | |  | |  | |  |
|  | Radioactive Sources | | | | | All sources have been re-located or disposed of | | | | | | | | | | |  | | |  | |  | | |  |
|  | Tritium contamination | | | | | All surfaces, furniture and equipment have been swabbed and the swabs counted on a scintillation counter. NO contamination found | | | | | | | | | | |  | | |  | |  | | |  |
|  | Surfaces benches, floors and splashbacks | | | | | Surfaces have been monitored and found to be free from contamination | | | | | | | | | | |  | | |  | |  | | |  |
|  | Sinks | | | | | Surfaces have been monitored and found to be free from contamination | | | | | | | | | | |  | | |  | |  | | |  |
|  | Drains | | | | | Drain trap has been soaked overnight with Decon and flushed through with running water continuously for 1 hour | | | | | | | | | | |  | | |  | |  | | |  |
|  | Furniture | | | | | Surfaces have been monitored and found to be free from contamination | | | | | | | | | | |  | | |  | |  | | |  |
|  | Equipment | | | | | Monitored and free from contamination. Decontamination certificate attached ready for relocation or disposal | | | | | | | | | | |  | | |  | |  | | |  |
|  | **CHEMICAL** | | | | |  | | | | | | | | | | | **YES** | | |  | | **N/A** | | |  |
|  | Chemicals, solvents and reagents | | | | | Re-located or disposed of i.e. all removed | | | | | | | | | | |  | | |  | |  | | |  |
|  | Equipment and Glassware | | | | | Residues and contamination removed prior to re-location or disposal | | | | | | | | | | |  | | |  | |  | | |  |
|  | Drain(s) | | | | | Al drain traps have been checked and are free from broken glass, mercury etc | | | | | | | | | | |  | | |  | |  | | |  |
|  | Fume cupboard (s) | | | | | All equipment, glassware and chemicals have been removed | | | | | | | | | | |  | | |  | |  | | |  |
|  | Chemical contamination | | | | | All chemical residues on shelves, bench tops and fume cupboard surfaces have been removed / neutralised | | | | | | | | | | |  | | |  | |  | | |  |
|  | Fume cupboard (s) | | | | | Decontamination certificate attached ready for relocation (re-circulating) or de-commissioning | | | | | | | | | | |  | | |  | |  | | |  |
|  | Ventilated cupboards | | | | | All equipment, glassware and chemicals have been removed | | | | | | | | | | |  | | |  | |  | | |  |
|  | **WASTE** | | | | |  | | | | | | | | | | |  | | |  | |  | | |  |
|  | All waste i.e. anything for disposal must be prepared for disposal according to UCL’s Waste Disposal Arrangements <https://www.ucl.ac.uk/estates/estates-services/waste-and-recycling> | | | | | | | | | | | | | | | |  | | |  | |  | | |  |
|  | Sharps e.g. needles, scalpel blades, broken glass, pipette tips | | | | | All sharps have been placed in a sharps container for disposal | | | | | | | | | | |  | | |  | |  | | |  |
|  | Sharps Containers | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Glassware, bottle and jars (empty) | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Chemicals, solvents and reagents | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Clinical Waste | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Radiation Waste | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Furniture and other bulky waste | | | | | Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
|  | Equipment (not being relocated) e.g. fridges, safety cabinets, centrifuges etc. | | | | | Decontamination certificate attached. Disposal arranged or complete | | | | | | | | | | |  | | |  | |  | | |  |
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|  | **SECTION 3 Signage** | | | | |  | | | | | | | | | | |  | | |  | |  | | |  |
|  | Hazard signs e.g. biohazard, radiation etc | | | | | All hazard signs on doors, cupboards, drawers, freezers, pipework from radiation sinks etc removed or destroyed | | | | | | | | | | |  | | |  | |  | | |  |
|  | Warning lights e.g. x-ray, laser | | | | | Isolate | | | | | | | | | | |  | | |  | |  | | |  |
|  |  | | | | | | | | | | | | | | | |  | | |  | |  | | |  |
|  | **SECTION 4 Declaration** | | | | *To be completed by the Manager responsible for the laboratory* | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | Put a cross near the statements that apply. **I the undersigned confirm that ………** | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | the above laboratory is free from contamination or hazard | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | not all hazards have been removed and I have indicated below precautions to be used | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | not all contamination has been removed and I have indicated below precautions to be used | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Details of remaining hazards, contamination and precautions: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name: \_\_\_\_\_\_\_\_\_ | | | | | | |  | Signature: \_\_\_\_\_\_\_\_\_ | | | |  | | | Date: dd/mm/yyyy | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |