

BL-3 FACILITY CLEARANCE CHECKLIST

- Name and phone number of key contact person: _____
(The key contact person must be available for questions)
- Are work areas clean and uncluttered? Yes No
- Are all areas of floor in between equipment clean of debris? Yes No
- Have all work surfaces such as floors and sinks been decontaminated? Yes No
- The chemical(s) used for decontamination was (were) _____
- Contact time was from (Date & Time) _____ to (Date & Time) _____
- Have all breakable items been put away so they cannot be knocked over? Yes No
- Have all water baths been emptied? Yes No
- Have all Biosafety cabinets been decontaminated and emptied as much as possible?
Yes No
- Have all suction flasks in cabinets been emptied and vacuum lines closed off? Yes No
- Have all incubators and freezers been sealed or taped up? Yes No
- Have all vials with potentially infectious materials been stored and secured? Yes No
- Have all waste been *autoclaved*? Yes No
- Have all *autoclaved* waste been removed? Yes No
- Have contractors/maintenance personnel been briefed on hazards associated with the work in this facility? Yes No
- Who conducted the briefing? _____
- Has a notice been posted to indicate that this facility will remain closed for any lab work?
Yes No
- Facility closure will be from (Date & Time) _____ to (Date & Time) _____
- Please list tasks to be completed by maintenance workers during facility closure:
- _____
- _____

Certification by the faculty member in charge of the BSL-3 space. Where there is more than one PI in charge, every PI (or designee) must sign the clearance form:

I certify that the above items have been completed and that I will prohibit any work with infectious agents/recombinant DNA/human cells in the BSL-3 facility until the maintenance tasks listed above are completed.

Department _____ Building _____ Room # _____

_____ Faculty member in charge of space (printed)	_____ Faculty member in charge of space (signed)	_____ Phone	_____ Date
_____ Facility Manager (printed)	_____ Facility Manager (signed)	_____ Phone	_____ Date
_____ Faculty member in charge of space (printed)	_____ Faculty member in charge of space (signed)	_____ Phone	_____ Date
_____ Facility Manager (printed)	_____ Facility Manager (signed)	_____ Phone	_____ Date
_____ EH&S Representative (printed)	_____ EH&S Representative (signed)	_____ Phone	_____ Date