

Facilities Management/Environmental Health & Safety Hazardous Work Area/Equipment Repair Form

Form Instructions: Client is responsible for completing this form and submitting to Facilities Management to facilitate work to be performed in specified area and/or equipment repair. Client may need to consult with Facilities Management or EH&S for assistance. For Equipment repair, attach a copy of the form to the equipment and keep a copy for your records.

Purpose: For client to assure that equipment and/or immediate work areas are not contaminated with any hazardous materials or chemical residues and that it is safe to perform repairs. For Facilities Management (or Contractor), this completed form provides assurance that the specified equipment and/or area is safe for performing repairs.

Work/Equipment Information – This Section to be completed by Facility Management.

Facility Management Representative _____ Phone _____

Work Order/Project # _____ Date Work Scheduled _____

Work Site Preparation _____

_____ Date To Be Completed _____

Worker PPE/Safety Precautions _____

Client Supplied Information - Complete ALL Items Below

Requestor _____ Principal Investigator _____

Building _____ Room Number _____ Campus Box _____

Phone _____ FAX _____ Date _____

Description of Equipment/CU ID# _____

Location of Work or Equipment _____

If any sections below are marked "Yes" or if you are unsure of the answer, complete the corresponding section(s) on the reverse side. EH&S Policies & Procedures are available at <http://ehs.colorado.edu/>

Were Radioactive Materials or Waste ever used or stored in the area of work? N ___ Y ___
(As described in the Radiation Safety Handbook. If "Yes", see reverse or contact Health Physics, ext. 2-6523)

Were Hazardous Materials or Waste ever used or stored in the area of work? N ___ Y ___
(As described in the Policy & Procedures for the Management of Hazardous Material/Waste)

Were Biohazardous Materials or Waste ever used or stored in the area of work? N ___ Y ___
(Growth media, agar, biomedical or infectious material, blood, tissue, etc.)

Do Safety Hazards exist in the work area? N ___ Y ___
(Electrical, burn, or trip hazards; compressed gas; sharps; equipment blocking access; etc.)

Are there known or suspected Asbestos Hazards associated with this work area? N ___ Y ___
(Known or suspected Asbestos Hazards should be marked "Yes" and referred to the EH&S Representative)

Client Signature / Date _____

OVER

EH&S Policies & Procedures are available at <http://ehs.colorado.edu/>

Radioactive Material/Waste - Client is Responsible for Completing this Section

DO NOT remove anything in the work area or associated with the equipment to be repaired including Radioactive, Hazardous, or Biohazardous material/waste; Safety Hazards; or Asbestos Hazards until a contamination survey has been conducted by the appropriate lab personnel or by the EH&S Health Physics staff. If contamination exceeds two times the background level, clean the work area or equipment for disposal/resale per Radiation Safety Handbook protocol. Be sure to survey both inside and outside surfaces as needed. Re-test until results are acceptable. If necessary, contact Health Physics (ext. 2-6523, FAX ext. 2-1322) for additional assistance. **(Acceptable results = less than two times background radiation level)**

Contamination Survey Results _____ Background Radiation Level _____

Client Signature - I certify that, to the best of my ability, the work area or equipment to be repaired has been tested and/or cleaned according to the procedures above.

Hazardous Material/Waste - Client is Responsible for Completing this Section

Remove Hazardous Material/Waste from the work area or the equipment to be repaired, as prescribed in the Work Site Preparation section (on front side of form), to a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the work area or equipment for disposal/resale as outlined in the Work Site Preparation section (on front side of form), with a laboratory detergent (i.e. Alconox or an equivalent) until chemical residue is removed. Persons performing this cleaning should wear appropriate personal protective equipment such as gloves, eye protection, and protective clothing using adequate ventilation. Contact EH&S at ext. 2-6025 for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.

Client Signature - I certify that, to the best of my ability, the work area or equipment to be repaired has been tested and/or cleaned according to the procedures above.

Biohazardous Material/Waste - Client is Responsible for Completing this Section

Remove Biohazardous Material/Waste from the work area or the equipment to be repaired, as prescribed in the Work Site Preparation section (on front side of form), to a safe area with low traffic, adequate ventilation, and secondary containment to control spills. Thoroughly clean the work area or the equipment to be repaired as outlined in the Work Site Preparation section (on front side of form), with a 10% hypochlorite solution (nine parts water, one part bleach) or a laboratory detergent containing hypochlorite to remove infectious residues. Persons performing this cleaning should wear appropriate personal protective equipment such as gloves, eye protection, and protective clothing using adequate ventilation to prevent possible exposure to biohazards. Contact EH&S at ext. 2-6025 for special cleaning procedures for materials exhibiting extreme or unusually dangerous hazards.

Client Signature - I certify that, to the best of my ability, the work area or equipment to be repaired has been tested and/or cleaned according to the procedures above.

Safety Hazards - Client is Responsible for Completing this Section

Eliminate safety hazards (such as electrical, burn, or trip hazards; compressed gases; sharps; or equipment blocking access) in the work area or associated with the equipment to be repaired as prescribed in Work Site Preparation section (on front side of form). Eliminating these hazards will protect your equipment from damage and facilitate its removal.

Client Signature - I certify that, to the best of my ability, the work area or equipment to be repaired has been tested and/or cleaned according to the procedures above.

Asbestos Hazards

Areas with known Asbestos Hazards should be identified to the Property Services/Facilities Management/EH&S Representative so that there is no damage to the asbestos containing material during maintenance and repair operations. If you suspect an Asbestos Hazard may exist, the EH&S Representative will arrange for an inspection to be performed by the Asbestos Crew (ext. 2-6025) to determine any precautions that should be taken.