

# Facility Services FUME HOOD PRE-WORK CHECKLIST

The Laboratory Supervisor is responsible for the completion of this checklist prior to the commencement of any maintenance activities on fume hoods. All non-shaded areas must be completed in full, then forward this form to Facility Services to schedule the work.

The Fume Hood Pre-Work Checklist will be posted on the fume hood for the duration of servicing by Facility Services. Upon completion, the checklist will be removed from the fume hood and Facility Services will contact the Laboratory Supervisor named below to confirm completion of the work order.

Please note: Should Facility Services determine that the work area presents a safety concern, work shall **not** proceed until resolution. This may involve an onsite meeting with the Laboratory Supervisor and EOHSS.

<b>1 REQUESTING DEPARTMENT (PLEASE PRINT)</b>		
<i>Date</i>	<i>Department</i>	
<i>Laboratory Supervisor Name</i>	<i>E-mail</i>	
<i>Building</i>	<i>Room</i>	<i>Phone</i>
<b>2 REPAIR WORK DETAILS</b>		
The Laboratory Supervisor is responsible for the following:		
a) <i>Ensuring that the fume hood has been cleared of all chemical hazards, radiation hazards, bio hazards, experiments, etc. (Check Box)</i>		
Yes	No	
b) <i>Ensuring that the fume hood has been tested and deemed safe from all chemical hazards (including perchloric acid), radiation hazards, bio hazards, experiments, etc. (Check Box)</i>		
Yes	No	
<b>3 AUTHORIZED SIGNATURE</b>		
<i>Laboratory Supervisor Signature</i>		
<b>4 FACILITY SERVICES USE ONLY (PRE-WORK)</b>		
<i>Type of Fume Hood Repair (Check Box)</i>		<i>Fume Hood Number</i>
Internal	External	
<i>Work Order Number</i>		<i>Work Order Start Date</i>
<i>Maintenance Supervisor Name (Print)</i>	<i>Maintenance Supervisor Signature</i>	<i>Signed Date</i>
<b>5 FACILITY SERVICES USE ONLY (POST-WORK, UPON COMPLETION)</b>		
<i>Tradesperson Name (Print)</i>	<i>Tradesperson Signature</i>	<i>Date Completed</i>