

**Facilities/Equipment Decontamination  
Clearance Certification**

**The Principal Investigator (PI)/Supervisor is responsible for the indicated area or items**, has assessed this location or equipment and determined that it can be released for reuse with no restrictions. This does not provide clearance for facilities or equipment containing lead paint or asbestos components.

Building \_\_\_\_\_

Room Number \_\_\_\_\_

Facility Description \_\_\_\_\_  
\_\_\_\_\_

Equipment \_\_\_\_\_  
\_\_\_\_\_

Check and sign where applicable:

**Biohazardous Materials.** When in use, biohazardous materials were handled in accordance with UC Berkeley policy and this area has been disinfected. Disinfectant used: \_\_\_\_\_

Date \_\_\_\_\_

Cleared By: \_\_\_\_\_ or  N/A: \_\_\_\_\_  
(PI/Supervisor)

**Radiological Materials.** UC Berkeley's EH&S Radiation Safety Team has cleared this area for unrestricted use. No regulated radioactive materials remain.

Cleared By: \_\_\_\_\_ or  N/A: \_\_\_\_\_  
(PI/Supervisor)

**Laboratory Chemicals.** Laboratory chemicals have been removed and disposed of in accordance with the UC Berkeley EH&S requirements. No regulated chemicals remain.

Cleared By: \_\_\_\_\_ or  N/A: \_\_\_\_\_  
(PI/Supervisor)

**Controlled Substances.** Laboratory chemicals have been removed and disposed of in accordance with the UC Berkeley EH&S requirements. No regulated chemicals remain.

Cleared By: \_\_\_\_\_ or  N/A: \_\_\_\_\_  
(PI/Supervisor)

**The PI/Supervisor is responsible for the indicated area or items certifies no hazard restrictions exist and releases this location or equipment for continued use** (please print):

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Submit form: Completed forms should be sent to  
**hwp@berkeley.edu.**