

# SAFETY CLEARANCE CHECKLIST FOR DEPARTMENT STAFF/FACULTY

Name of Departing/Retiring Employee: \_\_\_\_\_ Location(s): \_\_\_\_\_

Department: \_\_\_\_\_ Date of Departure/Retirement: \_\_\_\_\_

*Comments and Notes Relating to Issue*

**1. Will the Employee Continue to Work in CNSM?** (if yes, see the "Retain Space" section below)

Classroom Instruction and/or Outreach Work? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Ongoing Research? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**2. Housekeeping** (advising/supervising faculty are responsible for their past students' materials as well as their own)

Unwanted samples, cultures, and junk items discarded? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Personal items taken off-campus or discarded? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Personal locks removed from all vacated space? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Personal library of journals and books removed? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**3. Labeling of Items**

All containers are labeled to indicate contents? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**4. Hazardous Material Issues**

Good chemicals transferred to the Issueroom or another's inventory? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Compressed gas cylinders returned to the Gas Rack? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Hazardous waste properly labeled and stored? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Contaminated equipment or surfaces properly cleaned? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Recombinant or synthetic nucleic acid molecules destroyed or transferred? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**5. Radioactive Material Issues**

R.S. Office sent Chair notice of program closure and decommissioning? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Former use-areas decontaminated and radiation labels removed? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**6. Fire and Life Safety Issues**

No furniture or other items moved to corridor? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 No non-code construction or modifications remain? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**7. Property and Equipment Issues** (this section must be verified by the appropriate department Instruction Support Technicians)

CSULB and Foundation equipment controlled by employee accounted for? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Missing Item Report data provided per State requirements? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Equipment instruction manuals, etc., given to technicians? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**8. Foundation Account Clearance (Faculty Only)** (this issue must be signed by the CNSM Administrative Services Coordinator: 562.985.4539)

Foundation Accounts and other College fiscal matters appropriately addressed YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

## Checklist for Faculty Allowed to Retain Space

**1. Continuing Hazardous Material Control**

Hazardous material inventory is current? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_  
 Work location is adequate – hood, eyewash, shower, HVAC? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

**2. Research Safety**

Adequate "Project Authorization Form(s)" have been submitted? ..... YES \_\_\_ NA \_\_\_ NO \_\_\_ \_\_\_\_\_

## Comments, Recommendations, and Requirements Regarding Checkout Findings

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

.....  
*Inspectors* .....  
*Inspection Date(s)*

**CLEARANCE APPROVED:** \_\_\_\_\_ **CLEARANCE APPROVED:** \_\_\_\_\_  
*Department Chair* *Date* *Dean* *Date*

**Routing When Completed:** Department Office, Science Safety Office, Dean (as appropriate)