



**Clearance Declaration for Devices/Installations in Research Areas at UZH**

This form must be completed in addition to the general clearance declaration if devices or installations may pose a risk to the persons carrying out the work and special protective measures are thus necessary. Examples include when devices still have chemical residues or biologically active substances following cleaning, contain radiation sources or generate radiation. (It is not permitted to hand over devices that have not been cleaned or decontaminated to repair, maintenance or disposal personnel.) It must be possible for service providers to protect themselves appropriately during their work on the basis of the information provided here.

<b>Details of Device/Installation and Person Responsible</b>	
Type designation	
Serial number	
Device location (building, floor, room number)	
Lab type (bio lab level 1, 2 or 3, radiation lab B or C; chemical lab)	BL level <input type="checkbox"/> 1; <input type="checkbox"/> 2; <input type="checkbox"/> 3      RL <input type="checkbox"/> B, <input type="checkbox"/> C Chemical lab <input type="checkbox"/>
Contact person/contracting party/person responsible (last name, first name, phone)	
<b>Condition of Device/Installation</b>	
Is there evidence of hazardous chemical residues on the device, despite cleaning/decontamination? (in particular, chemical substances that are toxic, carcinogenic, mutagenic or otherwise dangerous to humans or the environment; pharmaceutical ingredients)	<input type="checkbox"/> No <input type="checkbox"/> Yes => Please continue with section 1
Is there evidence of biologically active material residues on the device, despite disinfection/decontamination? (in particular, human pathogenic organisms)	<input type="checkbox"/> No <input type="checkbox"/> Yes => Please continue with section 2
Does the device contain radioactive substances or is there evidence of radioactive substance residues on the device?	<input type="checkbox"/> No <input type="checkbox"/> Yes => Please continue with section 3
Does the device contain radiation sources or generate radiation?	<input type="checkbox"/> No <input type="checkbox"/> Yes => Please continue with section 3
The device poses other risks, namely: .....	
<b>Required Protective Measures during Work</b>	
In your estimation, which personal protective equipment must be worn by repair, maintenance or disposal personnel as a result of the existing residual risks? (check where applicable)	<input type="checkbox"/> Safety goggles <input type="checkbox"/> Protective gown <input type="checkbox"/> Overalls (Tyvek) <input type="checkbox"/> Protective gloves <input type="checkbox"/> Mask <input type="checkbox"/> None
Does the person carrying out the work have to implement further protective measures or conduct themselves in a particular way?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please specify: .....

I hereby confirm the accuracy of the information given above and on the following pages. All important factual information has been disclosed.

Date: .....

Signature: .....



1. Chemical Substances

Thorough cleaning has taken place. The device no longer contains any chemical residues that are hazardous to health (e.g. toxic, carcinogenic, mutagenic) and has been cleared of chemical hazard. (Oil or other chemically hazardous fluids inside the device have been drained and any residues removed.)

The surface of the device came into contact with chemicals and may therefore have residues on the surface (despite cleaning).

The device components contain certain chemicals or oils. Device component containing chemicals or oils:

.....  
Name, chemical name (when known), chemical formula, hazard class

.....

2. Biological Agents

These include:

- **Microorganisms** (viruses, viroids, bacteria, algae, fungi, protozoa, human parasites, genetically modified organisms)
- **Mixtures that (may) contain microorganisms** (bodily fluids: Blood, excretions, secretions; cell cultures etc.) and
- **Other biologically active material** (e.g. prions)

**Possible residues of biologically active material**

Thorough cleaning (decontamination using approved methods) has taken place. The device no longer contains any biologically active material residues and has been cleared of biological hazard.

The surface of the device came into contact with biological agents and may therefore still have biologically **active** material residues (in particular, human pathogenic organisms) on the surface, even after decontamination.

Device components inside the device may still be contaminated with biologically **active** agent residues, despite decontamination. Specify the components, when known:

.....

**If active biological agents may still be present**

Enter the names of the organisms and the corresponding risk group

.....

.....



**3. Devices Posing a Risk through Ionizing or Non-Ionizing Radiation**

**3.1. Ionizing Radiation**

**A) Hazard caused by radioactive substances**

Has the device come in contact with radioactive substances? If yes, with which isotopes?

Isotope name	Reference value	Measured value

Devices where residues of radioactive substances have been detected must be left to decay in the controlled zone (in the radiation lab) before they are handed over to third parties or approved for processing.

Yes, the radiation emitted by the device was checked before handing over the device and is below the reference value

**B) Radiation sources**

Does the device contain radiation sources that pose a risk to the personnel working on the respective order?

- No
- Yes

If yes, which? .....

Current activity: .....

and/or date of the (last) measurement .....

**3.2. Non-Ionizing Radiation**

Does the device generate non-ionizing radiation?

- No
- Yes

If yes, which?

- Laser (class: .....) )
- UV radiation (wavelength: .....) )
- IR radiation

Other, please specify: .....