



**Clearance Declaration for Devices and Installations – Disposal**

Devices and installations may be contaminated with biological, chemical or radioactive substances and/or contain radiation sources or generate radiation, which poses a risk to disposal personnel. In order to guarantee the health and safety of personnel tasked with the disposal order, devices and installations must be handed over in a safe condition. In this way, the aim is to ensure our internal service employees are well protected and that third-party companies accept these devices for disposal. The clearance must therefore be documented using this form together with the disposal order.

We ask for your understanding that we can only carry out your order after this declaration has been completely filled in and signed.

<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>	
<input type="checkbox"/> The device/installation was DECONTAMINATED and/or DISINFECTED so that there is NO residual risk for third parties. In its current condition, the device does not pose any risks to the health of repair, maintenance or disposal personnel.  The device/installation: <input type="checkbox"/> Has been cleared of chemical hazard (no residues/remnants that are toxic, carcinogenic, mutagenic or otherwise dangerous to humans or the environment; no pharmaceutical ingredients). <input type="checkbox"/> Has been cleared of biological hazard (no residues of biologically active material, in particular no human pathogenic organisms). <input type="checkbox"/> Does not contain radioactive substances or never came into contact with such substances. <input type="checkbox"/> Does not contain radiation sources. <input type="checkbox"/> Does not generate radiation.  <input type="checkbox"/> The device cannot be completely decontaminated and/or disinfected. <b>THERE IS A RESIDUAL RISK FOR DISPOSAL PERSONNEL.</b> <b>Additionally, fill in the form “Safety Information for Devices/Installations in Research Areas at UZH.”</b>  <input type="checkbox"/> The device poses other additional risks, namely:  .....	

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

Date: ..... Signature: .....