

REQUEST FOR RENOVATION CLEARANCE

Date of Request: _____

Project/Facility Manager: _____

Phone: _____ Cell: _____ FAX: _____

Expected Work Date(s): _____

Location of Work: Bldg: _____ Room: _____

Principal Investigator/Dept Manager/Contact: _____

If renovation work will involve any of these items or systems, please check all applicable boxes:

- | | |
|--|--|
| <input type="checkbox"/> Plumbing drain lines, wastepipes
(in lab buildings only) | <input type="checkbox"/> Asbestos sampling |
| <input type="checkbox"/> Lab vacuum lines | <input type="checkbox"/> Lead Paint Inspection |
| <input type="checkbox"/> Lab fume hoods or exhaust ducts | <input type="checkbox"/> Other: _____ |

Provide a brief description of planned renovation work below:

Please FAX this form to OEHS at 785-7588 as far in advance as possible

OEHS Use Only:

Clearances needed for:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Radioactive material | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Biologicals | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Other: _____ |