Fume Hood Maintenance and Removal

FORM MUST BE COMPLETED BEFORE WORK OR REMOVAL OF FUME HOOD OCCURS!

When fume hood is removed, this form MUST be faxed to OSHP at 843-792-0284!

INSTRUCTIONS

1. Remove all chemicals from fume hoods before work or removal begins.

2. Each investigator is responsible for making sure all chemicals are removed from fume hoods if work is to be done.

3. The Principal Investigator must submit a memo to OSHP stating that NO Perchloric Acid has been used in the fume hood.

4. If the fume hood is suspected or it is known that Perchloric acid was used in a Non-Approved Fume Hood, a wipe sample for contaminates will be performed by Occupational Safety and Health. If the sample is positive for contaminates a wash down procedure will take place to rid any crystallization of the peroxides which was built up in a non-approved Perchloric acid hood. This procedure usually takes 3-4 days including the hood wash down and EPA 314.0 Perchlorate analysis. The cost of this procedure will be billed to the department whose occupants knowingly contaminated a Non-approved Perchloric acid Fume hood.

5. Notify Radiation Safety at 2-4255 if radioactive material were used in the fume hood so that they may do a wipe sample to indicate whether radioisotopes are present in the fume hood. A memo will be written to this effect.

6. If a hood has Asbestos present, the personnel performing work must be an asbestos certified worker.

Building/Rm#_________________________ Department_________________________

Date Sampled, if required: __________ EPA 314.0 Perchlorate Analysis Results (ppm) ______

Does the fume hood contain asbestos materials? □ Yes □ No □ Unknown

SURPLUS

Decon-Memo must be attached: http://academicdepartments.musc.edu/vpfa/forms/risk/labsurplus.pdf

PEA form for surplus: http://academicdepartments.musc.edu/vpfa/forms/property/pea.htm

If hood is to be relocated, please indicate the New Location:

http://academicdepartments.musc.edu/vpfa/forms/risk/lab_relocate.htm

Occupational Safety and Health

Name_____________________________ Signature_____________________________

Radiation Safety Representative, if applicable

Name_____________________________ Signature_____________________________