CHARLES STURT
UNIVERSITY

IBC Number: 223

Clearance for Maintenance Work within/to a Biological Facility

Form BSC 2 (Version 2)

A completed copy of this form should be retained in the Laboratory Records.

Name of Facility: .....

Building No: ..... Room No(s): .....

Clearance period: ..... am/pm to ..... am/pm

Work details (description of maintenance work to be performed): .....

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Names of person(s) conducting work: .....

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Induction details (summary of safety information provided): .....

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I hereby certify that the person(s) conducting the work have been provided with basic safety information and that this facility is now safe for entry.

Facility Manager ....
name signature date

I agree that I have been provided with basic safety information and that this facility is now safe for entry.

Maintenance Officer ....
name signature date