**Application for Laboratory “Clean Area” Designation**

*(Note: Hand-written applications are NOT acceptable. This application does not include a clean area designation for radioactive hazards. Contact the Radiation Safety Section for information.)*

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| **Request for Clean Area Designation** | | | | | |
| **1. Applicant** | | | | | |
| Click here to enter text.  Last Name | Click here to enter text.  First Name | | | | Click here to enter text.  Middle Initial |
| Click here to enter text.  Email | | | | Click here to enter text.  Phone Number | |
| **2. Location** | | | | | |
| Department: Click here to enter text. | | Building: Click here to enter text. | | | |
| Room Number: Click here to enter text. | | P.O. Box # Click here to enter text. | | | |
| **3. Hazard(s) Identification** *(Check all hazards present in the lab where clean area designation is requested.)* | | | | | |
| Recombinant DNA | | Bloodborne pathogens | | | |
| Bacterial/Rickettsial pathogens | | Viral pathogens | | | |
| Fungal pathogens | | Other biological hazards | | | |
| Chemical (identify) | | | | | |
| **4. Hazard Assessment**  Attach a document which identifies chemical hazards, infectious agents, hazardous characteristics of the infectious agents, activities that can result in exposure (exposure routes), likelihood that exposure will cause a laboratory acquired infection (LAI), and the probable consequences of exposure to hazardous chemicals. The hazard assessment must also identify appropriate biosafety levels, microbiological training/practices, safety equipment, and facility safeguards that will minimize potential for LAIs and chemical exposures in both working and clean areas. | | | | | |
| **5. Clean Area Location**  Attach a sketch of the laboratory where the “clean area” designation is requested. Identify the following: building, floor, room, biological hazard/chemical material storage area, biological/ chemical hazard waste storage/treatment areas, biological/chemical hazard working areas, hand washing sink locations, engineering controls (biological safety cabinet/fume hoods locations), and proposed clean area location. | | | | | |
| **6. Justification**  Attach a document with a justification as to why a clean area is needed by the laboratory. | | | | | |
| **7. Request for Application Pre-review and Facility Inspection**  My signature below attests to the accuracy of the information described in this request and its attachments. I request that CBSS conduct a pre-review of this application and contact me to perform a facility inspection.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date: Click here to enter a date. | | | | | |
| **8. CBSS Reviews**  Application Pre-review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CBSS Representative Signature & Date | | | Facility Inspection Performed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CBSS Representative Signature & Date | | |
| **9. CBSC Approvals**  Application **APPROVED / DISAPPROVED** *(circle one)*  Recorded in CBSC Meeting Minutes dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter date)*  **CBSC Approval for Clean Area Designation applies ONLY to the applicant named and specifically to the laboratory space described herein. For Clean Area Designations linked to MUAs, a new application must be tendered to continue the clean area designation and accompany the MUA renewal on a three-year cycle.** | | | | | |