**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.** |