Document Control Sheet

Document Title	NOCPER003 Clearance Approval Procedure for Fume Cupboard
Author(s)	Head of Estates
Document Status	Final

Document Amendment History

Version No.	Date	Amendment Details	Approved By
1	11/03/13	Issued as draft	CM + PL
2.	29/01/15	Update staff changes & Permit Forms.	Russ Griffin
3	15/10/15	Update Logo. Change document name from LEV Testing Procedure. Change reference number from NOCPOL11.	Phil Giles
4	26/10/15	Renumbering of Permit	CR

SAMPLE

Clearance Approval for Working on Fume Cupboard/Lab Equipment

Equipment FC Id:		**Room No:**		**Date Valid From:**	
Works Required:	LEV Test / Repair	**QFM No:**		**Date Valid To:**	

Part 1 (to be completed by the appointed Trained Authorised Person/Safety Officer)		**Sent To (Email address)**	
Date Part 1 Sent:		**Date Part 1 to be returned by:**	

1. Prior notification to users of the affected Fume Cupboard/System/Equipment has been given to **(Name);**

2. I have assessed the Fume Cupboard/System/Equipment for the following hazards:

*Gas / Fume / Vapour *Asphyxiation *Hot/Cold or Corrosive substances *Dangerous parts of machinery

*Traffic (Personnel) *Biological *Toxic substances *Other:

3. Precautions taken to deal with hazards identified:

	Y	N	NA
Fume cupboard contents (including hazardous materials & electrical items) removed.	☐	☐	☐
Cabinet interior washed down with water.	☐	☐	☐
Scrubber tank discharged & recharged, scrubber operated for a few minutes and tank discharged and recharged.	☐	☐	☐

Other:

4. The Fume Cupboard/System/Equipment is safe to access/enter without breathing apparatus/respirator. Y ☐ NA ☐

5. Personal protective equipment required for working on the Fume Cupboard/System/Equipment:

☐ Overalls ☐ Lab coats ☐ Safety shoes ☐ Boots (e.g. Wellington) ☐ Visor

☐ Safety glasses ☐ Safety goggles ☐ Gloves: vinyl ☐ Other (specify type):

☐ Other (give details):

6. Specify other precautions required (tools, signs, barriers, precautions for working on the fume cupboard exteriors in restricted areas):

7. The above Fume Cupboard/System/Equipment has been removed from service and the Warning Notice is prominently displayed. ☐

Equipment testing that is not completed by the existing expiry date, will be isolated and locked off against further use until testing completed. Non-compliance by users will be reported to the Health & Safety for further action.

I certify that I have checked and confirm that the above particulars are correct, and I will ensure all employees under my control are made aware of the requirements.

Name (PRINT):	Dept:	Ext No:
Signature:	Date:	Time:

**** Delete those which do not apply***

NOW RETURN FORM TO HELPDESK FOR FURTHER ACTION

SAMPLE

Part 2 (to be completed by an authorised Estates Manager)

Date Received:		Due Date Deadline:	
Is Part 1 completed satisfactorily?	*Yes/No	Work Authorised to proceed?	*Yes/No

Additional information:

Name: Signature: Date: Time:

Part 3 (to be completed by the competent person appointed to execute the works)

Date Received:		Due Date Deadline:	

1. I have read and understood the information detailed above and will undertake the works in accordance with the conditions detailed and the risk assessment.

Name: Signature: Date: Time:

Notification Date Work Scheduled:		Date Notification Displayed:	

2. I have *Completed / *Suspended the required works and have ensured that all testing has been completed and tools/equipment have been removed.

Additional information:

Name: Signature: Date: Time:

Part 4 (to be completed by an authorised Estates Manager)

Date Received:		Due Date Deadline:	

The works detailed above have been *Completed / *Suspended and the Fume Cupboard/System/Equipment is *Safe / *Unsafe to be put back into service.

Additional information:

Name: Signature: Date: Time:

Part 5 (to be completed by the appointed Trained Authorised Person/Safety Officer)

Date Received:		Due Date Deadline:	

1. ☐ *I accept that the above works are completed and accept the Fume Cupboard/System/Equipment back into service.

2. ☐ *I agree that the above works are suspended, and that the Fume Cupboard/System/Equipment is not safe to use, and will issue an additional clearance as required.

Name: Signature: Date: Time:

**** Delete those which do not apply***

REMOVE WARNING NOTICE AND RETURN FORM TO ESTATES HELPDESK

SAMPLE

Warning

Equipment FC Id:		QFM No:		**Date Work Scheduled:**
Plate/Room No:		Permit No:		

This Fume Cupboard / System / Equipment has been withdrawn from service until further notice to enable essential repairs to be completed.

Please contact the signatory detailed below or your Safety Officer (Division/School/Research Group) for further information.

Print Name:_____

Signed:_____

Date & Time:_____

Note: Failure to observe the provisions of this notice could jeopardize the safety of occupants and therefore may result in disciplinary action being taken against you.