LAB EQUIPMENT / FURNITURE HAZARD MANIFEST

Lab equipment / furniture used or is possibly contaminated with hazardous substances must be properly cleaned before servicing, and be evaluated by HSEO. Requesting department should submit this report completed and signed by HSEO to the servicing department, such as DMSF, FMO/LS, etc.

A. MANIFEST (To be completed by requesting department)

Dept: ____________________  Name/ Staff No.: ________________________________   Ext.: _______________

Furniture/Equipment: ______________________________________________  Location: ________________

Model/Serial Number: _________________________________ or  HKUST bar code #: __________________

Servicing Department:  DMSF / FMO (Section:__________) /  ________________________________

Service Required: __________________________________________________________________________

Declarations:

☐ This furniture/equipment has been used but not contaminated with the following hazardous substances.

☐ This furniture/equipment may be contaminated with the following hazardous substances.

☐ Radioactive substances, specify: _____________________________________________________________

☐ Biological substances, specify: _____________________________________________________________

☐ Chemical substances, specify: _____________________________________________________________

☐ Others, specify: __________________________________________________________________________

☐ This equipment furniture has been cleaned / decontaminate with ______________________(agent used)
by __________________________ (person name) on _____________________ (date).

Other relevant information: _________________________________________________________________

Signature: _________________________________________  Date: _________________________________

B. HAZARD EVALUATION  ( To be completed by HSEO )

Evaluation Date: ______________________________ Evaluated By: ________________________________

Monitoring Method:  Swipe Test/______________________________________________________________

Findings:_________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Recomendations:___________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Approved by _________________________________________ Date: _________________________________