THE UNIVERSITY OF MELBOURNE

Fume Cupboard Clearance for Inspection, Maintenance and Repairs

EHS Manual

This form is to be used in conjunction with the Environment Health and Safety Manual Procedure 5.7.1 Safe Use of Ducted Fume Cupboards.

Work to be Carried Out by

Mechanical Services: _____ Maintenance Staff: _____

Contractor (Give Company Name): _____

Location of Fume Cupboard or Duct Work System (where appropriate)

Building/Level: _____ Room Number: _____ Cabinet Number: _____

Authorised Person

Authorised Person: _____ Phone Number: _____

This permit is valid for: _____ (date) To _____ (date)

1. Authorised person shall ensure that experimental procedures are not undertaken during assigned period and;

2. All materials within the nominated fume cupboard are safely contained so that emission will not occur.

3. Authorised person shall ensure that the fume cupboard to be serviced is decontaminated of all potentially hazardous materials eg.

- All **chemical containers** removed.
- If **radioactive materials** have been used, the cabinet shall be monitored by the departmental radiation safety officer.
- Or where **perchloric acid** has been used in fume cupboard (or acid digestion fume cupboard), all internal surfaces of the entire exhaust system shall be thoroughly washed by means of gentle but copious water spray for 24 hours. Non ferrous tools should be used wherever possible and hammer blows or impact tools avoided.

4a. Where practicable in a single cabinet duct, the exhaust system shall be run for 1 hour after the clearance of the fume cabinet to ventilate the ductwork.

4b. All other fume cabinets connected into the duct work system under repair shall cease experimental procedures and all materials therein shall be safely contained. Where practicable, the exhaust system should be run for 3 hours to ventilate the ductwork.

Special Precautions

Please state any special precautions that may be required in handling ductwork components including fan / motor units:

_____

_____

Actions Completed

Authorised Person: I am satisfied that the conditions specified on this form have been complied with.

Signed: _____ Date: _____

Inspection/Work completed (fume cupboard can return to normal use) Date: _____

Signed: _____ Signed:_____
(**Service Personnel)** **(Authorised Person)**

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