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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetyfume cupboard CLEARANCE for inspection, MAINTENANCE and repairs |

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| For use in conjunction with the guidance material [Health & Safety: Safe use of ducted fume cupboards](https://safety.unimelb.edu.au/__data/assets/pdf_file/0004/4680688/safe-use-of-ducted-fume-cupboards.pdf) |

# Work to be Carried Out by

Campus Services staff:

Contractor (give company name):

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

Building/level       Room No.       Cabinet No.

# Authorised Person

Authorised person:       Phone No:

Permit valid FROM (date):       TO (date)

## Authorised person shall ensure that:

1. Experimental procedures are not undertaken during assigned period.
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, for example:
* All **chemical containers** removed.
* If **radioactive** **materials** have been used, the cabinet shall be monitored by the departmental radiation safety officer.
* Orwhere **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.
1. 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.
2. 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 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)**