



EAST CAROLINA UNIVERSITY

Office of Prospective Health

Purpose: To ensure all personnel completing maintenance on Biological Safety Cabinets are protected against harmful infectious agents and radiological hazards.

Responsibilities and Procedures

Laboratory Personnel

1. Contact the Office of Prospective Health/Biological Safety for guidance. 744-3437 / 744-2237
2. Decontaminate equipment located in the Biological Safety Cabinet with an EPA approved disinfectant and remove it.
3. Decontaminate work surfaces with in the Biological Safety Cabinet with an EPA approved disinfectant.
4. Leave blower on for several minutes with no activity so that any airborne contaminants will be purged from the work area.
5. After the Biological Safety cabinet is decontaminated, no work shall be performed in the Cabinet until the lab is notified by Facility Services the maintenance/repair is complete.
6. Remove personal protective equipment and wash hands.

The Office of Prospective Health

1. Ensure the Biological Safety Cabinet is properly disinfected with an EPA approved disinfectant and/or surveyed for radiological contamination.
2. Oversee maintenance operations to ensure the proper operation of the Biological Safety Cabinet is not altered or compromised.
3. Advise Facility Services of hazards associated with the laboratory and the Biological Safety Cabinet.
4. Notify Facility Services that the Biological Safety Cabinet has been decontaminated and they may begin work.

Facility Services

1. Wear appropriate personal protective equipment as advised by Prospective Health.
2. Conduct Maintenance or repair equipment as needed.
3. Remove Personal protective equipment and wash hands.
4. Notify lab personnel maintenance/repair has been completed.

This equipment has been properly decontaminated and is safe for routine maintenance work to be completed.

Disinfectant Used: _____	Approved By / Date: Prospective Health _____	Biological Safety
Laboratory Personnel / Date: _____	Approved By / Date: Prospective Health _____	Radiation Safety

Work Order #: _____ **Completion Date:** _____

Facility Contact: _____ **Completed By:** _____
Facility Services