

Date Posted _____

If you need to speak to the CFS personnel servicing your hood call: 278-1900

Shut Down Notice

CFS will be shutting down this Chemical Fume Hood on:

Start Date & Time: _____ End Date and Time: _____ Building: _____ Room: _____

**DO NOT USE this chemical fume hood
or open sash during this time!**

Please secure equipment, and remove or seal all chemicals before start date.

Laboratory Personnel:

Please complete and sign this form to indicate if any of these unusual hazards have been used in this hood. CFS will not begin work on this hood or ductwork if not checked and signed.

- Biohazardous Material*
- Radioactive Material*
- Perchloric Acid*
- Other (specify) _____*
- No Unusual Hazards have been used in this hood*

Remove all chemicals and wastes from the fume hood before the shutdown date if work is required inside the fume hood.

Signature _____

CFS Personnel:

Maintenance and/or repair will occur on the following:

- Fume hood exhaust only*
- Inside fume hood*
- Fume hood exhaust and inside fume hood*

Contact IUPUI EHS if any unusual hazards have been used in this hood.

Contact IUPUI Radiation Safety if radioactive materials have been used in this hood.

Do not work inside hood if chemicals or chemical waste are present.