THIS FUME HOOD MAY NOT BE USED UNTIL REPAIRED

Please keep this form attached to the hood sash, only to be removed by EH&S Personnel once this fume hood has been recertified.

EH&S Fume Hood Inspection		Deficiency Identified	
Test Date			Fume hood is not pulling air
Fume Hood ID			Face velocity:_____ (<80 *lfm*)
Building & Room			Face velocity: _____ (>170 *lfm*)
Fume Hood (Facilities) #			Other:
Principal Investigator			

Please conduct the following steps in the order they are listed.

☐ Inform Principal Investigator and all lab personnel that the fume hood is not functioning properly and may not be used.

☐ Notify the Department of Facilities to request a repair, providing all the information from the table above. Record the work order number. (Request date: _____, Work order # _____)

- Columbia Campus: Email fmcnotify@fmc.sc.edu
- School of Medicine: Call (803) 216-3159

☐ If the repair requires work inside or in the immediate vicinity of the fume hood, clear the fume hood of all chemicals, waste, and equipment. Neutralize if necessary, clean surfaces with soap and water, and close the sash. Attach the Fume Hood Decontamination form. (Cleaning date: _____)

☐ **For Department of Facilities to complete:**

- ☐ Waiting on ordered parts to come in by _____ (date)
- ☐ Completed work on _____ (date)

☐ Contact EH&S (jlocke@mailbox.sc.edu or aroberge@mailbox.sc.edu) for fume hood recertification. Please include the information from the table above. (EH&S recertification date: _____)

Acknowledgment: *I have been informed of the above status of the fume hood and the process by which the deficiency will be corrected*.

Lab Representative: Name _____

Signature _____ Date _____

UNIVERSITY OF South Carolina
Environmental Health and Safety