



FUME HOOD REPAIR NOTICE

This fume hood may not be used until repaired. **Do not remove this notice!**

Fume Hood Identification		Check deficiency that applies:	
Building & Room		<i>Fume hood is not pulling air</i>	<input type="radio"/> Light is out <input type="radio"/> Gas/vacuum/water valve broken <input type="radio"/> Sash broken or difficult to move <input type="radio"/> Alarm not functioning <input type="radio"/> Other _____
Fume hood (Facilities) #		<i>Face velocity is _____ (< 80 lfm)</i>	
Principal Investigator		<i>Face velocity is _____ (> 170 lfm)</i>	

INSPECTION DATE _____ by Jocelyn Locke, jlocke@mailbox.sc.edu (803) 777-7650
Adam Roberge, aroberge@email.sc.edu (803) 777-6457

What to do (Lab Representative):

1. Inform PI and all lab personnel that the fume hood is not functioning properly and may not be used.
2. Contact Columbia campus Facilities at fmcnotify@fmc.sc.edu or (803) 777-9675 to request repair. Provide information shown above. Record Work Request (WR) # _____ for follow-up. For School of Medicine fume hood repair- contact SOM Facilities at 803-216-3159.
3. **If repair needs access in or around the immediate vicinity- clear the fume hood of all chemicals, wastes, equipment and others. Neutralize contaminants as necessary, wipe surfaces with soapy water, then rinse. Close the fume hood sash and attach the [Fume Hood Decontamination form](#).**
4. Facilities complete fume hood repair.
5. Contact EH&S at jlocke@mailbox.sc.edu or aroberge@mailbox.sc.edu for fume hood recertification. Include building and room number and PI in your e-mail.

Acknowledgement

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

Lab Representative: Printed name _____

Signature and date _____

NOTE: This form may be removed only by EH&S personnel after fume hood has been recertified.

TRACK WORK PROGRESS

- ☐ Fume hood repair request emailed to fmcnotify@fmc.sc.edu on _____ (date). WR # _____
- ☐ Fume hood cleared and cleaned (if applicable) on _____ (date). Decontamination form posted.
- ☐ Facilities is waiting on ordered parts to come in by _____ (date).
- ☐ Facilities completed work on _____ (date).
- ☐ EH&S recertified fume hood on _____ (date). Face velocity _____ lfm
- ☐ Comments: _____