

## SEWER WORK CLEARANCE FORM

Completed by: \_\_\_\_\_ Email: \_\_\_\_\_

Department Name: \_\_\_\_\_

Location: \_\_\_\_\_ (*Suite/Office #*)

Period to which this clearance applies: \_\_\_\_\_ to \_\_\_\_\_

1. I acknowledge that all activities at this location are in compliance with FIU's IW5 and Stormwater Management Program Permit conditions, **specifically with regard to the proper disposal of hazardous chemicals.** \_\_\_\_\_ (*Initial*)
2. Specifically, I am aware of no incidents in which hazardous chemicals have been intentionally or accidentally poured down the sink \_\_\_\_\_ (*Initial*)
3. The disposal of any hazardous chemicals used by this department will be disposed of by coordinating with the FIU Department of Risk Management & Environmental Health & Safety \_\_\_\_\_ (*Initial*)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_