**LABORATORY CLOSEOUT CHECKLIST**

***Please complete and submit to EHS in order to schedule the final closeout inspection***

 *Laboratory to be closed out:* Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date current research/teaching activities will cease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACTIVITIES CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
| **CHEMICALS -**  YES  NO*If no please go to next section* | **Yes** **(****)**  | **N/A**  | **Initials** |
| All unknown samples have been identified and labeled.  |   |   |   |
| Label all containers with full chemical names(s) and CAS #.  |   |   |   |
| Hazardous waste disposal has been scheduled 2 weeks prior to lab closing date.  |   |   |  |
| Clean and decontaminate all laboratory surfaces including hoods.  |   |   |   |
| If transferring chemicals to another lab submit list with barcode numbers to EHS. |   |   |   |
| Clean and defrost all refrigerators or freezers. Identify and label samples.  |   |   |   |
| Any peroxide forming chemicals must be tested within the last 6 months.  |   |   |   |

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| **FUME HOODS -**  YES  NO*If no please go to next section* | **Yes** **(****)**  | **N/A**  | **Initials** |
| Remove all items including debris from the fume hoods.  |   |   |   |
| Clean hoods.  |   |   |   |
| Remove signs and placards from the hoods. (Do not remove hoods inspection sticker)  |   |   |   |
| Obtain clearance from RSO , if radioactive materials have been used.  |   |   |   |
| **GAS CYLINDERS -**  YES  NO*If no please go to next section* | **Yes** **(****)**  | **N/A**  | **Initials** |
| Remove regulators and replace safety caps on cylinders.  |   |   |   |
| Coordinate with department to return to supplier. |   |   |   |

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| **ANIMAL AND HUMAN TISSUE -**  YES  NO*If no please go to next section* | **Yes** **(****)**  | **N/A**  | **Initials** |
| Clean and decontaminate refrigerators and freezers.  |   |   |   |
| Dispose of biohazardous waste as per regulations, contact EHS if needed.  |   |   |   |
| Dispose of any chemical preservative through EHS.  |   |   |   |

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| **MICROORGANISMS AND CULTURES -**  YES  NO*If no please go to next section* | **Yes** **(****)**  | **N/A**  | **Initials** |
| Decontaminate all BSCs.  |   |   |   |
| Transfer or dispose of microorganisms/cultures. |   |   |   |
| Clean and decontaminate all equipment and work surfaces used with microorganisms.  |   |   |   |
| Autoclave waste and dispose. |  |  |  |

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| **RADIOACTIVE MATERIALS** --  YES  NO *If no please go to next section*  | **Yes** **(****)**  | **N/A**  | **Initials** |
| Inventory radioactive materials and submit to EHS. |   |   |   |
| Transfer inventory to another radiation approved lab or EHS. |   |   |   |
| All equipment, hoods, glassware benches are decontaminated. |   |   |   |
| Prepare radiation waste for pick-up by EHS. |   |   |   |
| Schedule close out survey with Radiation Safety officer (EHS). |   |   |   |
| Return dosimeters and holders, if issued. |   |   |  |

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| **LASER DEVICES** --  YES  NO *If no please go to next section*  | **Yes** **(****)**  | **N/A**  | **Initials** |
| Perform inventory of laser devices.  |   |   |   |
| Secure, shutdown and label all laser devices.  |   |   |   |
| Transfer laser devices and equipment to new authorized use lab. |   |   |   |
| Schedule walk through inspection with EHS.  |   |   |   |

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| **CONTROLLED SUBSTANCES** --  YES  NO *If no please go to next section*  | **Yes** **(****)**  | **N/A**  | **Initials** |
| Perform inventory of controlled substances and submit to EHS. |   |   |   |
| Obtain permission to transfer ownership of controlled substance from the DEA, if required. .  |   |   |   |
| Transfer controlled substances to another DEA licensed individual. Name of the individual\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |   |   |
| Dispose controlled substances through EHS. |   |   |   |

## Principal Investigator’s Agreement

I certify that my staff and I have adequately cleaned and decontaminated the laboratory to be closed out under my supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Principal Investigator’s Signature**  **Date**

## School Director

I am aware of the status of the lab(s) being vacated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School Director’s Signature** **Date**

***Return completed form to EHS at WSB 240 at least 14 days prior to scheduled move.***

**EHS USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Final Close Out Summary by EHS**  | **Yes** **(****)**  | **N/A**  | **Initials** |
| Hazardous chemical waste removed.  |   |   |   |
| Microorganisms/cultures material transferred or removed.  |   |   |  |
| Biohazardous waste removed.  |   |   |   |
| Radioactive material transferred or removed. |   |   |   |
| Radioactive waste removed. |   |   |   |
| Lab decommissioned for radioactive materials.  |   |   |   |
| Laser devices transferred or removed. |  |  |  |
| Controlled substances transferred or removed. |  |  |  |
| Fume hoods cleaned and cleared of debris. |  |  |  |
| Gas cylinders removed. |  |  |  |