

## LABORATORY CHECKLIST FOR CLOSE-OUT

PI: \_\_\_\_\_ Dept: \_\_\_\_\_

	Completed			Date Completed	Initials
<b>GENERAL</b>					
Contact EHS at least one month prior to lab move.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Remove Caution Door Signs when lab is vacated and all hazardous materials have been removed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that laboratory personnel have decontaminated all potentially contaminated surfaces (chemical, biological or radiological contaminants).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that potential asbestos containing materials (e.g. lab ovens, benchtops) are tested prior to disposal. Contact EHS if you have any questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Collapse uncontaminated, unwanted cardboard boxes for recycling. Alert Custodial Services when bundled cardboard is ready for removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Indicate who will assume ownership of chemicals that are left behind (if any). Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that all unwanted chemicals are added to the Oakland University Hazardous Waste Inventory Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Complete Lab Equipment Release form for all equipment that will be given to Property Management for redistribution or disposal.					
<b>HAZARDOUS WASTE</b>					
Ensure that all hazardous waste containers have a completed hazardous waste label including proper identification of contents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that all hazardous waste is removed prior to last day of occupancy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Return all gas cylinders and lecture bottles to their respective vendors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Retrieve all mercury-containing devices for waste pickup by EHS if they will not be taken with PI.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>BIOLOGICAL SAFETY</b>					
Notify EHS to inactivate IBC registered activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that biosafety cabinet surfaces have been decontaminated and cleaned (or call a vendor to decontaminate).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Decontaminate biological safety cabinet filters or replace with new HEPA filters. (If transporting to a new facility)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Remove all biological materials from storage equipment. Decontaminate surfaces with an appropriate disinfectant. Remove all biological stickers from equipment after decontamination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that all biological waste has been packaged, sealed and labeled before removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Ensure that all contaminated sharps are enclosed within Sharps containers. Place the Sharps container in a burn box and dispose as biological waste. Do not leave any sharps in the laboratory.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>RADIATION SAFETY</b>					
Notify EHS 30 days before terminating work with any radionuclides.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
All equipment that has been subject to radioisotope exposure must be inspected and formally released by EHS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Return all exposure badges and rings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>ELECTRICAL SAFETY</b>					
Bleed any stored energy from electrical equipment bound for the trash.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Have any electrical or computer equipment for disposal approved by EH&S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>CHEMICALS</b>					
Identify all chemicals for disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Label all containers with full chemical name(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Submit Surplus Chemicals to EH&S at least 2 weeks prior to lab closeout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Clean all laboratory surfaces including hoods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Confirm that all hazardous waste and surplus chemicals have been removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If transferring chemicals to another lab, call EH&S for proper procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If chemicals are in Chemical Lab Inventory system, update records to include disposal information or reflect transfer to another laboratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>CONTROLLED SUBSTANCES</b>					
Contact department chair and CHO regarding status of permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Submit Surplus Chemical Collection Form for substance removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>GAS CYLINDERS</b>					

	Completed			Date Completed	Initials
Return to supplier or University Services Department, if appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Identify contents of cylinder(s) or previous contents, if empty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Submit Surplus Chemical Collection Form, if needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>ANIMAL AND HUMAN TISSUE</b>					
Dispose of tissue, call ORS for advice, if needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Dispose of any chemical preservative through ORS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Clean refrigerators/freezers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Transfer responsibility to: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>MICROORGANISMS AND CULTURES</b>					
Place waste in biohazard bag	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Autoclave waste then overbag	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Clean all equipment used with above waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Transfer responsibility to: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<b>RADIOACTIVE MATERIALS</b>					
Package all materials in approved-labeled waste containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Complete rad waste cards and attach to containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Call ORS to arrange for pickup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Perform contamination survey, decontaminate and re-survey if necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		

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

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

Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_