

Laboratory Close-out or Relocation Request

Date of Request: _____ Bldg. and Rm. Numbers _____

Name of Principal Investigator (last, first): _____

PI's Email and Phone Number: _____ Department: _____

****Form should be completed and submitted 30 days before PI departure***

Contact EHS&EM for assistance (262-7113)

Has this lab used or stored (check all that apply):

Hazardous Chemicals ___ Biohazardous Materials ___ Radioactive Materials (sealed or open source) ___

Have all substances been properly identified, labeled and containerized? (Y/N/NA)

Have all refrigerators, freezers, cabinets, fume hoods, biosafety cabinets, drawers, auxiliary rooms been cleared of chemical, biological and radioactive containers? (Y/N/NA)

Have shared space areas been cleared of all chemical, biological and radioactive agent containers? (Y/N/NA)

Have all compressed gas cylinders had connections removed, caps replaced, and been returned to the supplier? If supplier refuses return, contact EHS&EM. (Y/N/NA)

Have all DEA Controlled Substances been properly transferred or disposed of? Permission to transfer must be obtained from the DEA. (Y/N/NA)

Have all countertops, equipment, fixtures, cabinets, emergency equipment been properly decontaminated? (Y/N/NA)

Have all sharps (i.e. needles, syringes, pipette tips, broken glass) been properly disposed of? (Y/N/NA)

Have arrangements been made to ship hazardous materials/equipment to another institution? (Y/N/NA)

Principal Investigator's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

EHS&EM Approval: _____ Date: _____