

**Nova Southeastern University**

**Laboratory Decommissioning Checklist**

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| --- | --- |
| Principal Investigator: | Department: |
| Department Head/Chair: | Building: |
| Room Number: | Laboratory Closeout Date: |

***The purpose of this checklist is to assist the PI/supervisor in safely removing hazardous materials from a laboratory and confirming that the area is free from contamination.***

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| --- | --- | --- | --- |
| **Chemicals**  | **Yes** | **No** | **N/A** |
| Refrigerators, area under sinks, fume hoods, cabinets and shelves, and bench tops have been checked for storage of hazardous materials (include shared spaces). |  |  |  |
| All chemical containers are labeled and ready for disposal, transfer, or recycling in accordance with the University Policy and Procedures. |  |  |  |
| Refrigerators have been emptied, defrosted, and cleaned. |  |  |  |
| Storage areas must be clean: chemical residues, drips and spills are appropriately decontaminated and cleaned up. |  |  |  |
| All bench tops have had disposable liners/covers removed from the work surface, and surfaces have been cleaned. |  |  |  |
| All keys to lockable chemical storage cabinets have been returned to the department. |  |  |  |
| **Controlled Substances** | **Yes**  | **No**  | **N/A** |
| All storage areas are free of controlled substances. |  |  |  |
| All controlled substances are disposed of or transferred according to U.S. Drug Enforcement Agency regulations and requirements. |  |  |  |
| **Compressed Gas Cylinders**  | **Yes**  | **No**  | **N/A** |
| Cylinders are properly labeled and secured. |  |  |  |
| Cylinders not in use are disconnected and capped. |  |  |  |
| Arrangements have been made for returning empty cylinders to vendors. |  |  |  |
| All cylinders are labeled and ready for disposal, transfer, or recycling in accordance with the University Policy and Procedures. |  |  |  |
| **Radioactive Materials** | **Yes**  | **No**  | **N/A** |
| Radioactive waste materials are being handled in accordance with the University Radioactive Waste Disposal Procedures.  |  |  |  |
| The removal of radioactive materials and termination surveys has been coordinated with Radiation Safety Officer in accordance with the guidelines in the University Radiation Safety Manual.  |  |  |  |
| **Biological Materials** | **Yes**  | **No**  | **N/A** |
| All work surfaces and storage areas, including walk-in coolers, freezers, refrigerators, and incubators have been decontaminated. |  |  |  |
| All inside working surfaces of the biological safety cabinets have been decontaminated by the user. |  |  |  |
| Certification of the biological safety cabinet is current. |  |  |  |
| Arrangements have been made for the decontamination and replacement of the HEPA filter in the biological safety cabinet if required. |  |  |  |
| All sharps have been properly disinfected and placed in puncture resistant containers for disposal. |  |  |  |
| All biological waste has been autoclaved and properly disposed of. |  |  |  |
| Are there biological materials that need to be transferred to another location? If yes, contact EH&S for transport information. |  |  |  |
| **Equipment** | **Yes**  | **No** | **N/A** |
| All equipment has been disinfected and decontaminated. |  |  |  |
| Is any equipment going to be transferred to Surplus? If yes, then equipment must be inspected by Environmental Health and Safety personnel prior to transfer to Surplus. |  |  |  |
| Is any equipment connected to permanent building systems being removed for transfer with the exiting investigator? If yes, contact Facilities Management. |  |  |  |
| Has all broken glass been placed in a rigid, puncture resistant container and sealed in preparation for disposal by Building Services? |  |  |  |
| **Records** | **Yes**  | **No** | **N/A** |
| A copy of the last current lab/chemical inventory has been provided to EH&S? |  |  |  |

**I have, to the best of my knowledge, complied with the requirements of the Nova Southeastern University Laboratory Decommissioning Checklist and am not aware of any other items or special circumstances that are not listed on this form.**

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Inspection Sign-Off**

EHS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If RAM is used in the space)