

# Laboratory Close-Out Notification

Complete as early as possible prior to your move

Department/Institute: \_\_\_\_\_  
Location of Laboratory (Building/Room): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Estimated Date of Move: \_\_\_\_\_

Reason for Laboratory Close-Out: Moving at UO to: \_\_\_\_\_  
Leaving UO Other: \_\_\_\_\_

## LABORATORY DESCRIPTION:

- Radioactive Materials (RAM) used? ..... Yes No
  - Disposing/Moving equipment that stored, or was used with RAM? ..... Yes No
  - Shipping RAM to another location? ..... Yes No
  - Have a survey meter that will move with you? ..... Yes No
  - Disposing of any of the following?
    - Laser X-ray machine Lead shielding Liquid Scintillation Counter Radioactive
  - Sources, or Waste, for disposal? ..... Yes No
- Biological Materials used? ..... None BSL-1 BSL-2
  - Disposing/Moving equipment that was used with BSL-2 procedures? ..... Yes No  
*If Yes, decontamination procedures must be followed; biosafety cabinets recertified in new location.*
  - Shipping Biological Materials to another location? ..... Yes No
  - Biological Materials, or Wastes, for disposal? ..... Yes No
  - Transferring active recombinant DNA protocols/research? ..... Yes No
- Freezers and/or Refrigerators involved? ..... Yes No  
*If Yes, cleaning and disinfecting is required prior to move or disposal through Surplus Property.*
- Chemicals used in this lab? ..... Yes No
  - DEA Controlled Substances? ..... Yes No
  - Chemical inventory records are up-to-date? ..... Yes No
  - Chemicals transferred to another owner? ..... Yes No
  - Chemicals being shipped? ..... Yes No
  - Chemical waste for disposal? ..... Yes No
- Do you share equipment/space with another PI? ..... Yes No  
Equipment/Space ID and Locations: \_\_\_\_\_

Please review the EHS *Laboratory Close-Out Procedures*, and *Laboratory/Workspace Close-Out Checklist*. Questions may be directed to your Department/Institute and to EHS.

Principal Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Department or Institute Signature: \_\_\_\_\_ Date: \_\_\_\_\_