

LABORATORY/WORKSPACE CLOSEOUT CHECKLIST

University of Oregon • Environmental Health and Safety

Laboratory Information

Area to be closed out: Building _____	Room(s) _____	Space _____
Date laboratory/space will be vacated: _____		
Principal Investigator (please print): _____		Department: _____

Checklist

	OK	N/A	Initials
CHEMICALS			
Identify all chemicals for disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Label all containers with full chemical name(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Submit <i>Surplus Chemicals</i> to Re-Use Facility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean all laboratory surfaces, including hoods, refrigerators and freezers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confirm that all hazardous waste and surplus chemicals have been removed	<input type="checkbox"/>	<input type="checkbox"/>	_____
If chemicals are in the inventory system, update records to include disposal information c reflect transfer to another laboratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CONTROLLED SUBSTANCES			
Contact Animal Welfare Services for proper disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
GAS CYLINDERS			
Return to supplier or Science Stores, if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identify contents of cylinder(s) even if "empty"	<input type="checkbox"/>	<input type="checkbox"/>	_____
Submit <i>Surplus Chemicals</i> to Re-Use Facility if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANIMAL and HUMAN TISSUE			
Dispose of tissue via incineration; call EHS for advice if needed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dispose of any chemical preservatives through EHS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean all refrigerators/freezers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean all equipment with appropriate disinfectant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
MICROORGANISMS and CULTURES			
Place waste in biohazard bag	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact EHS Hazardous Waste group for incineration	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean all equipment with freshly diluted 10% bleach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
RADIOACTIVE MATERIALS			
Package all surplus and waste radionuclides in approved and labeled waste containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Complete radioactive waste cards and attach to containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identify any mixed hazards. Call EHS, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call EHS to arrange for pickup	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perform contamination survey, decontaminate and re-survey if necessary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Schedule closeout survey with EHS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrange for a responsible person to be present	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remove all rad signs, stickers, postings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
With EHS approval, transfer inventory to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prepare rad materials for shipment to new location. Notify EHS two weeks prior to desired shipment date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Return dosimeters and holders (if the authorization is being terminated)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reassign radiation workers, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Return keys, if issued	<input type="checkbox"/>	<input type="checkbox"/>	_____
EQUIPMENT and LAB FURNITURE			
Clean or decontaminate any equipment or furniture to be left in lab	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call EHS for disposal information regarding contaminated equipment or furniture	<input type="checkbox"/>	<input type="checkbox"/>	_____
Identify any equipment containing PCBs to EHS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SHARED STORAGE AREAS			
Check all shared areas for hazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
Label all materials in shared storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrange for disposal to EHS or reassignment, as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAB INSPECTION			
Request an exit inspection by EHS	<input type="checkbox"/>	<input type="checkbox"/>	_____

Department Clearance

Principal Investigator's or Responsible Party's Agreement

I certify that my staff and I have adequately cleaned out and decontaminated the laboratory area(s) I am responsible for.

Signature and Date:

P.I./Department Head/Designee

I am aware of the status of the lab(s) being vacated and I understand that I am responsible for the laboratory space and contents of the vacated lab space(s).

Signature and Date:

Environmental Health and Safety

An exit inspection was conducted, and was found satisfactory.

Signature and Date:

All parties should receive a copy with signatures.