



Environmental Health and Safety Laboratory Decommissioning Certification Form

Department: _____

Laboratory Location: Building _____ Room: _____

Laboratory Contact Person: _____ Telephone Number: _____

Date of Decommissioning Survey: _____

In preparation to vacate the laboratory listed above, I certify that:

1. All useful chemicals that have not been opened have been moved to another location (following laboratory decommission policy). **Yes/No:** _____
2. Chemicals have not been disposed in the normal refuse or via drain disposal. **Yes/No** _____
3. Unknown chemicals were labeled appropriately after consultation with EH&S. **Yes/No** _____
4. All chemical waste has been disposed through the EH&S hazardous waste program. **Yes/No** _____
5. All compressed gas cylinders have been returned to vendors. **Yes/No** _____
6. All biological materials have been destroyed or transferred to another authorized laboratory. **Yes/No** _____
7. All biological materials have been removed from freezers and refrigerators and or disposed of properly. **Yes/No** _____
8. All solid infectious materials and used supplies have been disposed in an infectious waste container. **Yes/No** _____
9. All radioactive materials have been transferred to another authorized user or disposed as radioactive waste in accordance with NRC Radiation Safety Office procedures. **Yes/No** _____
10. The Radiation Safety Officer has conducted an exit survey of the laboratory after the last use of radioactive materials. **Yes/No** _____
11. All unused supplies have been relocated to a new laboratory, or removed off site. **Yes/No** _____
12. All laboratory surface areas used for chemicals, including hoods and equipment, have been decontaminated and labeled as having been cleaned. **Yes/No** _____
13. Any biological safety cabinets have been emptied and all surfaces used for lab use have been cleaned by an Environmental Contractor. After cleaning, biohazard signs and labels have been removed from equipment and cabinets. **Yes/No** _____



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- 14. Any areas that were impacted from a spill of chemicals, biological agents or radioactive materials have been identified to EH&S and decontaminated. **Yes/No** _____
- 15. Any areas or equipment that have been cleaned have been tagged with the appropriate warning labels and identified to EH&S and decontaminated. **Yes/No** _____

Lab Supervisor (i.e., Principal Investigator)

Date

Dean/Chair

Date

EH&S Representative

Date

I verify that the Lab Supervisor or Laboratory Safety Coordinator has inspected the laboratory and find the space and installed systems acceptable for reassignment. I verify that EH&S staff have conducted the laboratory decommissioning surveys and certify this laboratory to be decommissioned and cleaned by an Environmental Contractor.

Copies of this form will be provided to the Lab Supervisor, and the original shall be retained by EH&S.