

Laboratory Close Out Tracking Form

All hazardous materials (biological, chemical, and radioactive materials) must be removed from a lab during close out. To facilitate this, please notify EH&S by sending this form to EH&S (FAX: 632-9683). Fill out one form for each room. EH&S will complete section #2 and return it to you. If you have any questions, contact the Laboratory Safety Specialist at 632-6410.

Lab Location: _____ PI: _____ Tel: _____
 Alternate Contact: _____ Tel: _____

Section # 1 Information to be provided by PI or Lab Manager

Project Description	YES	NO	NA
Are Biological materials used in lab? (Biohazard stickers on doors?)			
Are Chemicals used in lab?			
Are Radioactive materials used in Lab? (Radiation stickers on doors?)			
Will PI be relocating hazardous materials?			
Estimated date lab will be vacated:			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Section #2 To be completed by EH&S

Biological Materials	YES	NO	NA
All Biological materials have been removed.			
All Regulated Medical Waste and Sharps containers have been removed.			
All freezers/refrigerators have been checked. They are: <input type="checkbox"/> Being removed <input type="checkbox"/> Empty			
Biosafety cabinet has been decontaminated. It is: <input type="checkbox"/> Being removed <input type="checkbox"/> Left in lab			
Comments:			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Chemicals	YES	NO	NA
All Chemicals have been removed or ownership transferred to:			
All Chemical Waste has been removed.			
Fume hood is: <input type="checkbox"/> Staying <input type="checkbox"/> Being replaced <input type="checkbox"/> Being removed (EH&S complete Decommissioning form)			
Comments:			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Radioactive Materials	YES	NO	NA
All Radioactive sources have been removed.			
All Radiation Waste has been removed.			
Area was decommissioned by the Radiation Safety Officer.			
Comments:			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Laboratory Equipment	YES	NO	NA
All oils, Freon, etc., have been removed or equipment labeled.			
Lab benches, etc. have all been cleaned with appropriated cleaner or disinfectant.			
All Universal Wastes (lamps, batteries) available for disposal have been removed.			
Comments:			
Name (signed by lab staff): _____		Signature: _____	
Title: _____		Date: _____	

EH&S Follow-up required Follow-up Date: _____

This lab meets all Lab Close Out Policy requirements. All hazard warning signage must be removed by lab staff.

Date: _____

EH&S: _____ PI/Lab Manager: _____