



## Environmental Health & Safety

### Policy & Procedure Manual



Title: Laboratory Close Out

Program: Lab Safety

Effective Date: December 2011

1. **Purpose:** This policy and procedure provides guidance for the appropriate transfer and/or disposal of hazardous materials and contamination of equipment and surfaces, before a laboratory is vacated.
2. **Scope:** This policy addresses any and all laboratory closures due to Lab Director and/or staff vacating the lab due to:
  - temporary closure due to rehab/construction;
  - permanent closure due to space change from lab to non-lab/office;
  - Lab Directors/Principal Investigators leaving the University but staff and materials remaining;
  - Lab Directors/Principal Investigators leaving the University and taking all materials
  - Lab Directors/Principal Investigators moving the lab operations to a new space within the same department;
  - Lab Directors/Principal Investigators moving the lab operations to a new space in a different department.

This policy also covers academic teaching laboratories, associated stock and preparation rooms and laboratories located within or serving University Hospital.

3. **Policy:** Proper disposition of all hazardous materials in advance of the laboratory move or the laboratory being vacated is the responsibility of the Principal Investigator (PI) or researcher to whom a laboratory is assigned. Ultimate responsibility for hazardous materials management lies with each departmental chair. Non-compliance with this policy may result in a “hold” on the vacation accrual paycheck by Human Resources.

#### DEFINITIONS:

Biological Materials: Includes tissue, Other Potentially Infectious Material (OPIM) and vertebrate animals.

Hazardous Materials: Includes biological, chemical, and radiological material.

#### PROCEDURE

##### 4. Responsibilities

- A. Principal Investigator. The Principal Investigator (PI) that will be vacating a laboratory is required to:
  1. Ensure that all hazardous materials are appropriately labeled with the name of the material. This includes all hazardous materials on shelves, inside cabinets, refrigerators and freezers.

2. Ensure that all work surfaces are decontaminated appropriately. This includes lab benches, inside refrigerators and freezers and all equipment that was used with hazardous materials.
3. Decontaminate the filters of the biosafety cabinets.
4. Decommission all radiological material and areas.
5. Ensure that all refrigerant has been properly recovered from refrigerators, freezers and other equipment that is being left for disposal.
6. Lab Registration must be updated on the EH&S Lab Registration database.
7. The PI must make prior arrangements for vacating the laboratory to ensure safe handling of hazardous materials and appropriate supervision if they are leaving but Graduate students or other researchers are staying to complete work. Contact EH&S for additional information.
8. Ensure that all samples and other hazardous materials are properly labeled and stored or disposed of for all students when they leave the laboratory.

The PI must notify EH&S directly via email ([ehsafety@stonybrook.edu](mailto:ehsafety@stonybrook.edu)) and copy the Department Chair when a lab space will be vacated. This notification must be made no less than 30 days prior to the laboratory being vacated.

PIs that are leaving the University must also contact:

1. OVPR/Grants management for property and grants transfers  
(<http://stonybrook.edu/research/ogm/> or 632-9038)
2. Division of Laboratory Animal Research (DLAR) for animal transfers  
(<http://www.osa.sunysb.edu/dlar/index.htm>)

B. Students. The Research student (Undergraduate, Graduate and Post-Doctorate) that will be leaving a laboratory is required to:

1. Ensure that all hazardous materials are appropriately labeled with the name of the material. This includes all hazardous materials on shelves, inside cabinets, refrigerators and freezers.
2. Complete an inventory of all samples being left behind.
3. Properly dispose of all hazardous materials that are not being saved.

C. Departments. The Department Chair or designee is responsible for the appropriate management of all hazardous materials left by a PI that vacates a laboratory. The Department Chair or designee will conduct the final walk through of the laboratory with Environmental Health and Safety.

D. Office of Vice President for Research. The Office of the Vice President for Research (OVPR) will notify EH&S when they are notified of a PI leaving the University.

E. CPDC. University construction groups, including Campus Planning Design & Construction, and Hospital and HSC Facilities will notify EH&S when a laboratory will be vacated for redesign or other construction.

F. Human Resources. Human Resources are responsible for:

1. Notifying EH&S when a PI is leaving the University
2. Confirming EH&S clearance that all hazardous materials will be properly managed.

G. Environmental Health and Safety. Environmental Health and Safety (EH&S) is responsible for:

1. Inspecting laboratory spaces when notified by a PI, Department, OVPR, University construction groups or Human Resources that a lab will be vacated.
2. Confirming that all chemical, biological and radiological materials have been appropriately disposed or arrangements by the PI or Department have been made to transfer the material.
3. Provide the Department Chair and Human Resources with documentation that all hazardous materials have been appropriately removed from a vacated laboratory.

### **3. Chemicals**

#### A. General

1. Under no circumstances may any hazardous chemical be disposed of into the sewer or trash.
2. Check refrigerators, freezers, fume hoods and bench tops as well as storage cabinets for chemical containers. Refrigerators and freezers must be emptied and decontaminated prior to moving.
3. Determine which chemicals are usable and relocate/transfer responsibility for these materials to another party who is willing to take charge of them. If chemicals will be moved to another laboratory, ensure that the EH&S policy "Movement of Laboratory Owned Research Chemicals" is followed. This is attached in Appendix A.
4. If a new user cannot be found, the materials must be disposed of properly through EH&S Hazardous Waste Management. Assure that all waste containers of chemicals are labeled with the words "Hazardous Waste" and the name of the chemical(s). Abbreviations or chemical symbols are not acceptable labeling. Hazardous waste labels can be obtained by contacting Environmental Health & Safety at 632-6410. All containers must be securely sealed and not be leaking. Chemical waste may be disposed of by either:
  - a. Bring the chemical waste for disposal to the designated hazardous waste pickup location established for your building.
  - b. For large laboratory close-outs consisting of many containers, contact EH&S to coordinate the safe removal directly from the laboratory.
5. Wash all fume hood surfaces and counter tops. All containers (beakers, flasks, etc.) must be emptied and cleaned.

#### B. Controlled Substances

1. Transferring ownership of a controlled substance to another licensed individual must be recorded in writing. If the substance(s) is distributed to another person, their name, address and DEA registration number must be recorded in the substance's continuing record, along with date and number of units distributed. Keep records for at least two years.
2. All substance(s) must be disposed of in accordance with DEA rules and regulations. The disposal record must include date, manner of disposal, and quantity of substance(s) disposed. Keep disposal records for at least two years
3. Contact EH&S Hazardous Materials Management to obtain information on proper disposal methods.
4. If substances are relocated, the PI must notify the DEA in writing of the new location.

#### C. Compressed Gas Cylinders

1. Remove gas connections, replace cylinder caps, and return cylinders to suppliers.
2. If cylinders are non-returnable, consult EH&S Hazardous Waste Management for disposal.

### **4. Biological Materials**

1. All infectious and/or recombinant material shall be placed in the appropriate biohazard bag or box, labeled, and taken to the biomedical waste receptacle for disposal.
2. Animal tissue should be disposed of as Regulated Medical Waste (RMW).

3. Human tissue must be disposed of as Regulated Medical Waste (RMW).
4. If tissue is held in a liquid preservative such as formalin or ethyl alcohol, tissue and liquid should be separated. Liquid preservative usually needs to be disposed of as a hazardous waste. Contact EH&S Hazardous Waste Management for assistance. The preservative may not be poured into the sanitary sewer.
5. Most liquid material may be inactivated by the addition of commercial bleach to result in a 1:10 dilution. The material may be poured down the drain. Contact the Biosafety Officer for additional information.
6. If appropriate disposal is uncertain, refer to the Hazardous Waste Management EH&S Policy 8-1 or contact the Biosafety Officer.
7. Clean and decontaminate incubators, drying or curing ovens, refrigerators, and freezers once they are empty. A general effective disinfectant is a 1:100 solution of commercial bleach. Contact the Biosafety Officer for additional information.
8. If the samples need to be saved, locate the appropriate individual to take responsibility for them and notify the Department Chair. Some biological material may need to have a more formal transfer form completed.

## **5. Radioactive Materials**

### A. General

1. All radioactive material must be disposed of as radioactive waste through Radiation Protection Services or transferred to another authorized user. If the radioactive material is to be transferred to an approved user at Stony Brook University, ensure that the appropriate documentation is approved by the Radiation Protection Services prior to the transfer. If the radioactive material is to be transferred to another licensee or returned to the manufacturer, make arrangements for the Radiation Protection Services to pick up the material for shipment.
2. Radioactive materials may only be moved by the approved user of the materials and transported in appropriately shielded containers between laboratories in the same building. If the material is to be transported to a different building, make arrangements with Radiation Protection Services for transport (632-6410).
3. Following removal of all radioactive materials, perform a loose surface contamination survey (and if appropriate, a radiation level survey for gamma emitters) of all former storage and use areas within the laboratories to be closed out. NOTE: Areas of potential residual contamination include refrigerators, freezers, centrifuges, fume hoods, water baths, incubators, sinks, waste storage areas, etc. All areas and equipment that exceed 200 dpm/100cm<sup>2</sup> must be decontaminated and follow-up surveys documented until the area or equipment is less than 200 dpm/100cm<sup>2</sup>. If the area or item cannot be decontaminated, call Radiation Protection Services for assistance.
4. Perform a radiation survey using a calibrated GM meter to ensure all areas are less than or equal to 0.05 mR/hr at 1 cm. NOTE: Areas of potential residual contamination include refrigerators, freezers, centrifuges, fume hoods, water baths, incubators, sinks, waste storage areas, etc. If any areas or items are found to be greater than 0.05mR/hr at 1cm, decontaminate that area and resurvey. If the area or item cannot be decontaminated, call Radiation Protection Services for assistance.
5. After the final loose surface contamination survey and the GM survey demonstrating all areas and equipment in the laboratory are less than 200 dpm/100cm<sup>2</sup>, schedule an official close out survey with the Radiation Protection Services. Do not allow further use, including housekeeping clean up, of the laboratory until the Radiation Protection Services has completed the survey, removed all radioactive material postings and notified the Principal Investigator (PI) that the laboratory has been decommissioned.
6. If the Principal Investigator (PI) fails to satisfactorily complete the above steps, the Department Chairperson will be responsible for the completion of the required close out steps. The Department Chairperson is responsible for immediate notification to Radiation Protection Services if the above steps have not been completed.

## B. Radiation Producing Devices

1. Radiation Protection Services is required to maintain an inventory of all radiation producing devices to confirm registration with the State of New York Department of Health. Each Principal Investigator is responsible for notifying the Radiation Protection Services if there is any change, which would render the registration inaccurate. Such information includes: change of use location, sale, transfer or disposal of any radiation machine or major component thereof. Transfers are defined as follows:
  - a. On Campus Transfers
2. Since approval for the procurement and use of a radiation producing device was initially given for the original working area and proposed research under the supervision of the approved Principal Investigator, devices shall not be transferred from one area to another or to another individual without approval of the Radiation Protection Services.
  - b. Off-Campus Transfers
3. Radiation producing devices shall not be shipped or transferred to, or from any University facility, or outside organization without prior approval of the Radiation Protection Services.
4. Disposal of Radiation Producing Device
  - c. Prior to the disposal of obsolete or irreparable equipment, the Radiation Protection Services must be notified in order to amend inventory lists.

## **6. Laboratory Equipment and Supplies**

1. All equipment must be disinfected and decontaminated by lab staff and tagged or labeled as clean and safe for handling. This will include, but not be limited to, all fume hoods, refrigerators, freezers, centrifuges, biological safety cabinets, incubators, ovens, countertops, cabinets etc.
2. Biological safety cabinets must be decontaminated prior to being relocated. Please contact the Biosafety Officer for information.
3. All glassware must be decontaminated prior to packing and moving. Put glassware to be disposed in a cardboard box, tape top closed and mark "GLASS".
4. All syringes, needles, vacutainers, scalpels etc., must be placed into sharps boxes for disposal.
5. Non-contaminated laboratory supplies may be given to other researchers for use but must not be left behind in the lab.

## **7. Shared Areas**

All shared space must be cleared of materials and cleaned by the departing staff or another PI must assume responsibility for the space and its contents. These shared spaces will include labs, equipment rooms, storage areas, cold rooms, dark rooms, autoclave rooms, etc.

## **Appendices**

- A. Movement of Laboratory Owned Research Chemicals**
- B. Transporting Biological Materials on Campus**
- C. Stony Brook University EPA Closure Plan (lab related sections)**
- D. Radiation Laboratories Closeout Procedures**
- E. Laboratory Rehabilitation Information form**
- F. Laboratory Rehabilitation Project Work Completion form**
- G. Fume Hood Decommissioning form**

**INQUIRIES/REQUESTS:** Environmental Health and Safety

110 Suffolk Hall  
Zip 6200  
Main Office: 631-632-6410  
FAX: 631-632-9683  
Website: <http://www.stonybrook.edu/ehs/>

**RELATED FORMS:**                    Laboratory Rehabilitation Information Form  
   Laboratory Rehabilitation Project Work Completion form  
   Fume Hood Decommissioning Form

**RELATED DOCUMENTS:**  
EH&S Policy 1-16 **Registration of Laboratories**  
EH&S Policy 4-5 **Fume Hood**  
EH&S Policy 6-5 **Decommissioning of Laboratory Radiation Control Areas**  
EH&S Policy 8-1 **Hazardous Waste Management**  
EH&S **EPA Closure Plan**  
EH&S **“The Move Manual: A Guide for Relocating Hazardous Materials”**  
Office of Sponsored Programs and Grants Management *Early Termination of Awards*  
ANSI/AIHA Z9.11-2008 *Laboratory Decommissioning*

## Appendix A. Movement of Laboratory Owned Research Chemicals

**PURPOSE:** To ensure the safe handling and movement of research chemicals from lab to lab and building to building. Specific regulations (e.g. DOT, OSHA BBP, CDC) must be observed when shipping or transporting materials outside of campus. This does not affect the movement of new chemicals being delivered.

Departmental staff may move chemical bottles from one laboratory to another laboratory within the same building if the following conditions are met:

1. Staff who will be doing the moving of the bottles must be trained in the proper handling of chemicals. If the material is shipped off campus, the staff packing and signing the transport forms must be trained in Shipping of Dangerous Goods.
1. Chemical bottles and containers are in good condition.
2. Chemical bottles or containers are properly labeled according to OSHA, EPA and/or DOT.
3. Boxes used to move chemicals are in good condition and are sturdy enough to handle weight of the bottles of chemicals.
4. To prevent overloading and to allow for safe handling, overly large boxes must not be used..
5. Bottles of chemicals are segregated and packed into boxes by hazard class. Non-compatible chemicals may not be packed or moved in the same box. (contact EH&S for further information.)
6. Glass bottles and all bottles containing liquids will be packed in boxes with a buffer of vermiculite or other similar absorbent material. Plastic or unbreakable bottles of powdered or non-liquid chemicals may be packed with compatible chemicals, without absorbent material.
7. Each box of chemicals will be inventoried for contents as it is being packed. Required information will include chemical name, number of bottles and quantity in each.
8. Boxes must be labeled distinctly with the corresponding inventory page.
9. Copies of the inventory must be kept in each box, with the moving crew and in the originating lab.
10. Carts used to move boxes must be sturdy enough to handle weight of the boxes and terrain it will be moved over.
11. Any compressed gas cylinder being moved must be secured on a cart or rack. Small lecture bottles must be packed as bottles (see above).
12. Adequate spill control material must be available for use by the moving crew. If the boxes are being moved between buildings, the spill control material must be available on the vehicle in use.
13. Adequate personal protective equipment must be available for the moving crew in the event of a spill. Staff must be trained in the proper method of use.
14. An updated chemical inventory for the originating lab (showing the removal of the chemicals) and the receiving lab (showing the gaining of the chemicals) must be completed. Chemical inventories can be kept on the EH&S web page: [www.msds.sunysb.edu](http://www.msds.sunysb.edu).

**Larger quantities of hazardous materials that are corrosive, flammable, toxic or reactive must be moved between buildings or off campus by a licensed contractor with proper permits.**

## **Appendix B. Transporting Biological Materials on Campus**

**PURPOSE:** To ensure the safe handling and movement of research biological materials from lab to lab and building to building. Specific regulations (e.g. DOT, OSHA BBP, CDC) must be observed when shipping or transporting materials outside of campus. For those instructions, please contact EH&S.

### **General requirements for transport of biological materials within the campus**

1. Personnel transporting biological materials shall be appropriately trained. This includes Bloodborne Pathogen training for those transporting human blood, and training specific to any individual pathogen being moved. If the material is shipped off campus, the staff packing and signing the transport forms must be trained in Shipping of Dangerous Goods.
2. Proper personal protective equipment shall be worn. At a minimum, a lab coat and gloves are required. Goggles shall be worn while packaging and unpacking infectious material.
3. Biological materials shall be placed inside an appropriate leak-proof primary container with a tight-fitting lid.
4. Primary containers shall be placed within a leak-proof, shatter-resistant secondary container. The surface of the secondary container shall be easily cleaned. It shall be labeled with the biohazard label if infectious materials are being moved. Rubbermaid or similar brand coolers or plastic boxes with tight-fitting lids may be used.
5. Primary containers shall be placed upright in the secondary container. Tube racks or other means shall be used to assist with this.
6. All packages containing infectious substances must be labeled with the contents and a name and phone number of the responsible party.
7. Biological materials shall be transported from laboratory to laboratory without any stops in public areas such as offices, cafeterias, or restrooms.
8. The receiver of transported biological materials shall be prepared to receive the materials. At a minimum, wear a lab coat, gloves, and safety goggles. The receiver shall have a plan to deal with damaged or broken primary containers. Forceps, a sharps container, and an appropriate disinfectant shall be available for decontamination and disposal of broken glass or plastic materials.



## Appendix C. Stony Brook University EPA Closure Plan (Lab-related sections)

### Partial Closure

If buildings or portions of buildings are closed due to renovations or replacement, it is possible that one or more of the hazardous waste management units may be closed according to this closure plan and applicable regulatory requirements. The closed portion (inactive portion) of the facility would no longer conduct hazardous waste activities.

The Department of Environmental Health and Safety would continue to collect waste from accumulation areas on campus for disposal by licensed and approved waste contractors.

### DECONTAMINATION METHODS:

#### Equipment Decontamination

During the partial and/or final closure periods, all contaminated equipment, structures and soils will be properly disposed of or decontaminated. The University will use a commercially available licensed hazardous waste contractor to decontaminate and decommission any equipment and structures associated with the partial closure and/or final closure. The University will require the contractor to demonstrate clean closure or closure by removal by showing that levels of hazardous contaminants do not exceed EPA/DEC recommended exposure levels.

#### Laboratories

1. Academic and research laboratories are located in many buildings across main campus and the Southampton campus. The health care facilities associated with Stony Brook University Hospital also generate chemical waste and are included in this closure plan.
2. Hazardous waste will consist of accumulated hazardous waste and laboratory chemicals that are not reusable or rendered as waste by prior use, contamination or expiration. These materials will be lab packed according to hazard class and disposed of by a licensed and approved waste disposal contractor. Where possible, unused laboratory chemicals will be returned to the manufacturer or distributor or reused by other laboratories.
3. Storage cabinets, laboratory fume hoods, sinks, work stations, tables and floor surface areas will be visually inspected and tested for contamination (e.g., pH, wipe tests for various compounds including radioactivity). Where appropriate, air monitoring and direct reading instrumentation will be utilized to detect toxic or volatile substances.
4. Floors and tables will be HEPA vacuumed and spray washed with industrial strength, general-purpose detergents. Dust particles collected during HEPA vacuuming and water runoff from spray washing will be collected and tested in accordance with TCLP procedure to determine if material is a toxic waste. In general, both nonhazardous and hazardous wastes will be collected and sent offsite for proper disposal.
5. Contaminated surfaces will be cleaned by conventional means, including washing, scrubbing and mopping surface areas with industrial strength cleaning solutions. Appropriate decontamination procedures will be used for toxic materials as dictated by conditions and regulations. Sinks and traps will be cleaned and traps removed and tested for the presence of hazardous materials including volatile compounds. Typically, surface areas will be rinsed with deionized water and re-tested for the presence of contaminants.
6. If radioactive materials have been used in a laboratory surveys for residual radioactive materials or contamination must be conducted. Upon notification that a radiation control area is ready for decommissioning, Radiation Protection Services will perform a closeout survey on the lab areas. If contamination or radioactive materials are discovered the Senior Investigator, under the

guidance of Radiation Protection Services, will conduct corrective actions as outlined in Environmental Health and Safety Policy Number: 6-5. A permanent decommissioning report will be generated when work is completed.

7. Any solids that have collected in the transfer area sump of any building will be removed and tested for the presence of hazardous waste. If any regulatory limits are exceeded, additional soil will be removed until the regulatory limits for contaminants in soil are met. If it is believed that the ground water may have been impacted by a discharge, the University will use an environmental consultant to determine requirements for remediation including the placement of monitoring wells and/or recovery wells.
8. The University will use a commercially available licensed hazardous waste contractor to decontaminate and decommission any equipment and structures associated with the partial closure and/or final closure. The contractor will develop and use procedures, including a Health and Safety Plan that have been reviewed and approved by the Department of Environmental Health & Safety. The University will require the contractor to demonstrate clean closure or closure by removal by showing that levels of hazardous contaminants do not exceed EPA/DEC recommended exposure levels.
9. If radioactive materials have been used in an area surveys for residual radioactive materials or contamination must be conducted. Upon notification that a radiation control area is ready for decommissioning, Radiation Protection Services will perform a closeout survey on the lab areas. If contamination or radioactive materials are discovered a radiological waste contractor, under the guidance of Radiation Protection Services, will conduct corrective actions as outlined in Environmental Health and Safety Policy Number: 6-5. A permanent decommissioning report will be generated when work is completed.
10. The presence of Regulated Medical Waste (RMW) will require special disposal precautions as outlined in Environmental Health & Safety Policy Number: 8-5. In general RMW will be transported off-site to a licensed and approved medical waste disposal facility.
11. A survey for asbestos containing material will be conducted throughout the laboratories. Asbestos is usually found in the fume hoods and lab bench tops, some floor tiles and as part of thermal insulation applied to pipes, fittings, and ducts. Only certified Asbestos Inspectors are permitted to collect samples of suspect asbestos containing materials. Certified Asbestos Management Planners will recommend remediation actions and only certified Asbestos Supervisors and Handlers will abate or remove asbestos-containing materials as outlined in Environmental Health and Safety Policy Number: 8-3.

## **Appendix D. Radiation Laboratories Closeout Procedures**

To establish the proper procedures for Principal Investigators to follow, who are leaving the University and vacating a laboratory that was designated as a radiation control area.

### **PROCEDURES:**

#### **I. Vacating Radioactive Materials Laboratories**

##### **A. General**

1. To ensure compliance with existing Federal and State law it is essential that the Department of Environmental Health and Safety Radiation Protection Services be notified at least 60 days prior of the Principal Investigator's intention to vacate a radioactive materials laboratory.
2. In addition to the notification, surveys for residual radioactive materials or contamination must be conducted to assure the safety of future occupants of the laboratory.
3. Transportation of radioactive materials from one location to another unless conducted in accordance with existing Department of Transportation regulations can result in severe financial penalties to individuals transporting the material. Therefore, arrangement for surveys, packaging, and transportation of such materials should be made by the Department of Environmental Health and Safety Radiation Protection Services.

##### **B. Senior Investigator Responsibility**

1. Each Senior Investigator shall, before vacating any radioactive materials laboratory, notify the Department of Environmental Health and Safety Radiation Protection Services in writing of such intent with a 60 day notice.
2. Each Senior Investigator shall ensure that all areas of the laboratory that are contaminated with radioactive material are permanently decontaminated to as low as reasonably achievable.
3. Each Senior Investigator shall ensure that pre-decommissioning surveys are carried out and that arrangements are made for the removal of all radioactive waste and radioactive waste containers. In addition, all storage areas [including containers, drawers, cabinets, refrigerators, safes, and rooms] are free and clear of all radioactive material products.

##### **C. Department of Environmental Health and Safety Radiation Protection Services Responsibility**

1. Upon notification from the Principal Investigator that the radiation control area is ready for decommissioning, Radiation Protection Services will perform a close-out survey on the lab areas and generate a permanent decommission report for the Department Chair.
2. Should contamination or radioactive material be discovered, the Senior Investigator will be notified of all the details of the radiological survey. After corrective action is taken by the Senior Investigator, step #1 will be repeated until the radiation control area is found to be free and clear of any contamination or radioactive material.

**Department of Environmental Health and Safety      Laboratory Rehabilitation Information**

**All hazardous wastes, chemicals and radioactive materials must be removed from a lab before rehab begins.** To facilitate this, please notify EH&S that their services are required by giving this form to the EH&S office. Please provide a brief project description in first section. Include the location of all labs that need to have hazardous chemicals removed, lab contact and construction contact. Fill out one form for each room. EH&S staff will complete sections #2, #3 & #4 and return it to you. When you have finished the project, complete the back of the form and give a copy to EH&S for their files. If you have any questions, contact the Laboratory Safety Specialist at 632-6410.

Lab Location: \_\_\_\_\_ Lab Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

**Section # 1 This Information provided by Construction Manager or PI.**

<b>Project Description</b> This information provided by Construction Manager or PI.	<b>YES</b>	<b>NO</b>	<b>NA</b>
Are Hazardous Chemicals located in Lab?			
Will PI be relocating chemicals?			
Were Radioactive materials used in Lab?			
Are radioactive materials still located in Lab?			
Was Regulated Medical Waste (RMW) generated in Lab?			
Is RMW still located in Lab?			
Estimated date work will begin:			

**Section #2**

<b>Radioactive Materials</b> This information is provided by Radiation Technician	<b>YES</b>	<b>NO</b>	<b>NA</b>
All Radioactive sources have been removed.			
Area was decommissioned by the Radiation Safety Officer.			
Comments:			
Name:	Signature:		
Title:	Date:		

**Section #3**

<b>Chemical Waste</b> This information is provided by Chemical Waste Technician	<b>YES</b>	<b>NO</b>	<b>NA</b>
All Hazardous Chemical waste has been removed.			
All Regulated Medical Waste has been removed.			
All nonhazardous chemicals (oils, antifreeze) in containers removed.			
All Universal Wastes. (lamps, batteries) available for disposal have been removed.			
Comments:			
Name:	Signature:		
Title:	Date:		

**Section #4**

<b>Asbestos Waste</b> This information is provided by Asbestos Waste Technician	<b>YES</b>	<b>NO</b>	<b>NA</b>
Has non-friable asbestos waste been removed? (lab hoods enclosures, lab table tops)			
Has friable asbestos waste been removed? (broken floor tiles, broken hood enclosures)			
Comments:			
Name:	Signature:		
Title:	Date:		

**Laboratory Rehabilitation Information  
Project Work Completion**

This information is provided by Construction Supervisor

When you have completed the work, answer these questions. Please give a copy of this form to EH&S for their files. If you have any questions, contact the Laboratory Safety Specialist at 632-6410.

<b>Waste Removal</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
All Hazardous Chemical waste has been removed.			
All Regulated Medical Waste has been removed.			
All Radioactive Materials were removed.			
All Asbestos-Containing Materials were removed.			
Comments: Lab tops and fume hood enclosures that are removed during rehab should be handled carefully and stored for removal by EH&S staff or asbestos contractor.			
<b>Lamps &amp; HID's</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
All used Fluorescent lamps were removed.			
Comments: Used fluorescent lamps and UV lamps must be packaged in any appropriate (4 ft.) cardboard box, labeled as Universal Waste with the date box was filled. High Intensity Discharge lamps (HID) such as; mercury vapor lamps, germicidal lamps, high-pressure sodium lamps, mercury vapor lamps, metal halide lamps, neon lamps must be recycled by EH&S. Labels are available from EH&S.			
<b>Ballasts</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
All light ballasts suspected of having PCBs were removed.			
Comments: Used light ballasts that contain PCBs or DEHPs are hazardous and must be recycled by EH&S.			
<b>Oils &amp; Antifreeze</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
All nonhazardous oils and antifreeze was removed.			
Comments: All oil must be removed from pumps and other equipment before it is disposed. Oil used in old transformers, microscopes other equipment should be checked for PCB content.			
<b>Refrigerant</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
All refrigerant was removed from equipment before disposal.			
Comments: All refrigerants must be removed from any refrigerator, freezer or other equipment before it is disposed. Physical plant personnel can schedule a contractor to remove refrigerant.			
<b>Scrap Metal</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Scrap metal that could be recycled was recycled.			
Comments: Recycle whenever possible to help the University's Recycling Program.			
<b>Paper &amp; Cardboard</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Paper and cardboard that could be recycled was recycled.			
Comments: Recycle whenever possible to help the University's Recycling Program.			
<b>Construction Debris</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Was construction debris and garbage disposed in University's compactor?			
Was construction debris and garbage disposed in contracted roll-off container?			

Name of Contractor taking construction debris:	
Comments:	
Name:	Signature:

### Fume Hood Decommissioning

Environmental Health & Safety will assist with the decommissioning process for any fume hood scheduled to be removed. The Project/Construction Manager must complete this form, sign and submit it to Environmental Health & Safety to verify process. See EH&S Policy 4-5, *Laboratory Chemical Fume Hood Safety Program*, for more information.

Building: \_\_\_\_\_ Room: \_\_\_\_\_ FHE#: \_\_\_\_\_

Description of equipment to be decommissioned/removed:

---

\_\_\_\_\_  
Signature of Project/Construction Manager

\_\_\_\_\_  
Date

*To be completed by EH&S:*

- All chemicals have been removed from this fume hood.
- All equipment has been removed from this fume hood.
- Radiation Protection Services/EH&S has scheduled final clearance tests.
- Radiation Protection Services/EH&S has provided final clearance on fume hood.
- Fume hood has been decontaminated by user.
- Asbestos abatement/removal must be scheduled with EH&S.
- EH&S has removed all components containing asbestos.
- All fume hoods served by this fume hood exhaust motor must be identified and be rebalanced after this hood is removed.
- This laboratory/room must be rebalanced (room must be negative to hallway) after this hood is removed.

Comments: \_\_\_\_\_

This fume hood is approved for decommissioning/removal. Fume Hood # \_\_\_\_\_  
(Bldg-Room-Hood#)

\_\_\_\_\_  
Signature of EH&S Representative

\_\_\_\_\_  
Date