

LABORATORY CLOSEOUT ACTIVITY CHECKLIST

Please complete and fax to EH&S at (305) 348-3574 in order to schedule the final closeout inspection

Laboratory to be closed out: Building _____ Room _____
Date current research/teaching activities will cease: _____
Principal Investigator (please print): _____ Department: _____

ACTIVITIES CHECKLIST

CHEMICALS	Yes (✓)	N/A	Initials
Identify all chemicals for disposal.	<input type="checkbox"/>	<input type="checkbox"/>	
Label all containers with full chemical names(s).	<input type="checkbox"/>	<input type="checkbox"/>	
Submit <i>Request for Hazardous Waste Pick up for Disposal</i> form at least 2 weeks prior to pick up date.	<input type="checkbox"/>	<input type="checkbox"/>	
Clean all laboratory surfaces including hoods.	<input type="checkbox"/>	<input type="checkbox"/>	
If transferring chemicals to another lab, refer to Sections 3.0 and 6.0 of the Laboratory Safety Manual.	<input type="checkbox"/>	<input type="checkbox"/>	
Confirm that all hazardous waste and surplus chemicals have been removed.	<input type="checkbox"/>	<input type="checkbox"/>	
Update Computerized Chemical Management Inventory System, include disposal information or reflect transfer to another laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	

GAS CYLINDERS - <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no please go to next section</i>	Yes (✓)	N/A	Initials
Identify contents of cylinder(s) or mark MT.	<input type="checkbox"/>	<input type="checkbox"/>	
Return to supplier, if appropriate, transfer to another lab, or contact EH&S	<input type="checkbox"/>	<input type="checkbox"/>	

ANIMAL AND HUMAN TISSUE - <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no please go to next section</i>	Yes (✓)	N/A	Initials
Clean and decontaminate refrigerators and freezers.	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose of biohazardous waste as per regulations, contact EH&S if needed.	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose of any chemical preservative through EH&S.	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer responsibility to: _____			

MICROORGANISMS AND CULTURES - <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no</i>	Yes (✓)	N/A	Initials
<i>please go to next section</i>			
Place waste in biohazardous bag.	<input type="checkbox"/>	<input type="checkbox"/>	
Autoclave waste then overbag.	<input type="checkbox"/>	<input type="checkbox"/>	
Clean all equipment used with above waste.	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer responsibility to: _____			

RADIOACTIVE MATERIALS -- <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no please</i>	Yes (✓)	N/A	Initials
<i>go to next section</i>			
Inventory radioactive materials (RAM) and account all RAM.	<input type="checkbox"/>	<input type="checkbox"/>	
Send inventory of RAM to RSO	<input type="checkbox"/>	<input type="checkbox"/>	
Package all materials and waste in approved-labeled containers.	<input type="checkbox"/>	<input type="checkbox"/>	
Complete rad waste cards (stickers) and attach to containers.	<input type="checkbox"/>	<input type="checkbox"/>	
Complete rad waste pick-up form and submit to RSO.	<input type="checkbox"/>	<input type="checkbox"/>	
Perform contamination survey of laboratory and all equipment, including refrigerator, liquid counter, decontaminate if necessary and re-survey.	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule close out survey with Radiation Safety officer.	<input type="checkbox"/>	<input type="checkbox"/>	
Arrange for a responsible person to be present.	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare rad materials for transfer to new authorized use lab.	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer inventory to new authorized use lab.	<input type="checkbox"/>	<input type="checkbox"/>	
Post the new lab with rad signs and symbols, emergency contact, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Remove all rad signs, stickers, postings, etc. from doors and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Return dosimeters and holders, if issued.	<input type="checkbox"/>	<input type="checkbox"/>	

LASER DEVICES -- <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no please go to next</i>	Yes (✓)	N/A	Initials
<i>section</i>			
Perform inventory of laser devices.	<input type="checkbox"/>	<input type="checkbox"/>	
Package and label all laser devices.	<input type="checkbox"/>	<input type="checkbox"/>	
Manage all chemicals, radioactive or biohazardous materials and gas cylinders appropriately (see relevant sections).	<input type="checkbox"/>	<input type="checkbox"/>	
Remove hazards from high voltage or other equipment/devices	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer laser devices and equipment to new authorized use lab.	<input type="checkbox"/>	<input type="checkbox"/>	
Post the new lab with laser signs and symbols, emergency contact, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Remove laser postings from doors.	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule walk through inspection LSO.	<input type="checkbox"/>	<input type="checkbox"/>	

CONTROLLED SUBSTANCES -- <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no</i>	Yes (✓)	N/A	Initials
<i>please go to next section</i>			
Perform inventory of controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>	
Obtain permission to transfer ownership of controlled substance from the DEA, if leaving FIU or discontinuing use of controlled substances.	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer controlled substances to another DEA licensed individual. Name of the individual _____ Department _____	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose controlled substances through an authorized company.	<input type="checkbox"/>	<input type="checkbox"/>	

Name _____, phone number _____			
Transfer under supervision of public safety.	<input type="checkbox"/>	<input type="checkbox"/>	
New storage location is secure and new laboratory adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule Walk through by FIU controlled substances coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	

FUME HOODS - <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no please go to next section</i>	Yes (✓)	N/A	Initials
Remove all items including debris from the fume hoods.	<input type="checkbox"/>	<input type="checkbox"/>	
Clean hoods with soap and water.	<input type="checkbox"/>	<input type="checkbox"/>	
Remove signs and placards from the hoods. (Do not remove hoods inspection sticker)	<input type="checkbox"/>	<input type="checkbox"/>	
Obtain clearance from RSO , if radioactive materials have been used.	<input type="checkbox"/>	<input type="checkbox"/>	

EQUIPMENT AND LAB FURNITURE	Yes (✓)	N/A	Initials
Clean or decontaminate equipment and furniture	<input type="checkbox"/>	<input type="checkbox"/>	
Surplus equipment and furniture no longer usable.	<input type="checkbox"/>	<input type="checkbox"/>	
Remove signs and placards from the hoods. (Do not remove hoods inspection sticker)	<input type="checkbox"/>	<input type="checkbox"/>	
Obtain clearance from RSO , if radioactive materials have been used.	<input type="checkbox"/>	<input type="checkbox"/>	

DEPARTMENT CLEARANCE

Principal Investigator's Agreement

I certify that my staff and I have adequately cleaned and decontaminated the laboratory to be closed out under my supervision.

Principal Investigator's Signature

Date

Department Head/Designee

I am aware of the status of the lab(s) being vacated.

Department Head's/Designee's Signature

Date

Return completed form to EH&S at CSC 162 at least 14 days prior to scheduled move.