

Laboratory Closeout Activity Checklist

Please complete and submit to EH&S at ehs@fiu.edu – SUB: “Lab Closeout Request” in order to schedule the final closeout inspection. **IMPORTANT!** Checklist should be submitted one month prior to relocation/closure to allow time for additional service provision.

| | |
|-------------------------------|---------------------------------|
| Name: | Department: |
| Building: | Room: |
| Date Lab Activity Will Cease: | Date of Lab Relocation/Closure: |

| CHEMICALS – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|--|--------------------------|--------------------------|----------|
| All chemicals for disposal have been identified and labeled (write full chemical name(s), no abbreviations or symbols) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Request for Hazardous Waste Pick-up for Disposal</i> form submitted: https://webforms.fiu.edu/view.php?id=1106186 | <input type="checkbox"/> | <input type="checkbox"/> | |
| All hazardous waste and surplus chemicals have been removed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chemical inventory updated via EH&S Assistant; include disposal information or reflect transfer to another laboratory | <input type="checkbox"/> | <input type="checkbox"/> | |
| All laboratory surfaces, including hoods, cleaned | <input type="checkbox"/> | <input type="checkbox"/> | |
| If transferring chemicals to another I9+8//8ab, contact the Environmental Compliance Officer for assistance: 305-348-2621 or email ehs@fiu.edu | <input type="checkbox"/> | <input type="checkbox"/> | |

| GAS/CRYOGENIC LIQUID CYLINDERS – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|---|--------------------------|--------------------------|----------|
| Content of cylinder(s) are identified | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supplier contacted to move cylinders between rooms, floors, or buildings (if personnel with required training, appropriate handling and safety equipment is not readily available for the move) | <input type="checkbox"/> | <input type="checkbox"/> | |
| If gas cylinder(s) are no longer required, cylinder returned to supplier | <input type="checkbox"/> | <input type="checkbox"/> | |

| CRYOGENIC LIQUID/DEWARS – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|---|--------------------------|--------------------------|----------|
| Contents of container(s)/Dewar(s) identified | <input type="checkbox"/> | <input type="checkbox"/> | |
| Contact supplier to move container between rooms, floors (if personnel with required training, appropriate handling and safety equipment is not available), or between floors or buildings (always) | <input type="checkbox"/> | <input type="checkbox"/> | |

| ANIMAL AND HUMAN TISSUE – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|--|--------------------------|--------------------------|-----------------|
| Clean and decontaminate refrigerators and freezers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dispose of biohazardous waste as per regulations, and contact EH&S Biosafety for disposal: https://webforms.fiu.edu/view.php?id=988549 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dispose of any chemical preservative through EH&S Environmental Compliance Officer (305-348-2621): https://webforms.fiu.edu/view.php?id=1106186 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Materials will be transferred to another user. Transfer responsibility to: Name: _____ Department: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

| MICROORGANISMS AND CULTURES – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|---|--------------------------|--------------------------|-----------------|
| Solid waste is autoclaved and in biohazardous bag/container for disposal | <input type="checkbox"/> | <input type="checkbox"/> | |
| Liquid waste chemically inactivated and disposed of in accordance with regulatory requirements (FAC 64E-16) | <input type="checkbox"/> | <input type="checkbox"/> | |
| All equipment used with materials have been cleaned | <input type="checkbox"/> | <input type="checkbox"/> | |
| Materials will be transferred to another user. Transfer responsibility to: Name: _____ Department: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

| RADIOACTIVE MATERIALS – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|--|--------------------------|--------------------------|-----------------|
| Radioactive materials (RAM) inventoried and sent to EHS Radiation Safety Officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| All materials/waste are packaged in approved-labeled containers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rad waste cards (stickers) completed and attached to containers | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rad waste pick-up request submitted to EHS Radiation Safety Officer (305-348-6625) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Contamination survey of laboratory and all equipment performed, including refrigerator, liquid counter, decontaminate (if necessary) and re-survey | <input type="checkbox"/> | <input type="checkbox"/> | |
| All rad signs, stickers, posting, etc. have been removed from doors and equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dosimeters and holders have been returned to the EHS Radiation Safety Officer (CSC 162) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Close out survey scheduled with Radiation Safety Officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Materials will be transferred to another authorized user. Transfer responsibility to: Name: _____ Department: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

| LASER DEVICES – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|---|--------------------------|--------------------------|----------|
| Laser devices inventoried and copy sent to EHS Laser Safety Officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laser devices are appropriately packaged and labeled in accordance with regulatory requirements | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laser signage has been removed from doors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Close out walk-through inspection scheduled with EHS Laser Safety Officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laser(s) will be transferred to another authorized user. Transfer responsibility to: Name: _____ Department: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

| CONTROLLED SUBSTANCES – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|--|--------------------------|--------------------------|----------|
| Controlled substances inventoried and copy sent to EHS Controlled Substances Officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Controlled substances disposed through an authorized company: Company Name: _____ Phone: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Close out walk-through inspection scheduled with EHS Controlled Substances Officer (305-348-6849) | <input type="checkbox"/> | <input type="checkbox"/> | |
| DEA approval obtained permission to transfer ownership of controlled substances to another DEA licensed user: Name: _____ Department: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Controlled substances transferred to new location or new licensed user under supervision of FIU Police AND EH&S Controlled Substances Safety Officer | <input type="checkbox"/> | <input type="checkbox"/> | |

| FUME HOODS – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|--|--------------------------|--------------------------|----------|
| All items, including debris, removed from fume hoods | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hoods have been cleaned with appropriate cleaner | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hazard signs & placards have been removed from the hoods (Do not remove hood inspection sticker) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radiation hoods – Clearance from Radiation Safety Officer obtained | <input type="checkbox"/> | <input type="checkbox"/> | |

| LAB EQUIPMENT AND FURNITURE – <input type="checkbox"/> YES <input type="checkbox"/> N/A | Yes | N/A | Initials |
|---|--------------------------|--------------------------|----------|
| Clean or decontaminate equipment and furniture | <input type="checkbox"/> | <input type="checkbox"/> | |
| Equipment and furniture that is no longer usable has been sent to surplus IMPORTANT – Equipment, such as refrigerators, freezers, etc., where hazardous materials | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|--|--|--|--|
| <p>were used or stored, must be cleared by EH&S Lab Safety (305-348-6849 or ehs@fiu.edu) prior to surplus. All items must be cleaned and decontaminated. <i>Lab Decontamination Form</i> can be found on the EH&S webpage: https://ehs.fiu.edu/assets/docs/chemical/ehs-f060-laboratory-equipment-decontamination.docx **Do NOT place items in the hallway outside of the workspace**</p> | | | |
|--|--|--|--|

DEPARTMENT CLEARANCE

Principal Investigator/Lab Manager Agreement

I certify that my staff and I have adequately cleaned and decontaminated the laboratory to be closed out under my supervision, and that all hazardous materials/equipment have been contained/disposed of in accordance with local, state, federal, and University requirements

Print Name:

Signature: _____ Date: _____

Department Head/Designee Acknowledgement

I am aware of the status of the lab(s) being vacated, and that the department will be held responsible for the handling and/or disposal of any hazardous materials/equipment abandoned by the occupant

Print Name:

Signature: _____ Date: _____