

LABORATORY DECOMMISSIONING NOTIFICATION & VERIFICATION FORM

Details of Principal Investigator		
Name	Contact (Office)	Designation
Department/Organization/Institute	Location of laboratory or laboratory space	Email
Nature of Work Conducted in the Laboratory		
Hazardous Agents (please list all agents in detail in the table below) <input type="checkbox"/> Biological Agents <input type="checkbox"/> Compressed Gas Cylinders <input type="checkbox"/> Chemicals listed under the chemicals weapons declaration <input type="checkbox"/> Poisons <input type="checkbox"/> Radioactive Materials	Equipment Used <input type="checkbox"/> Biological Safety Cabinets <input type="checkbox"/> Fume Hoods <input type="checkbox"/> Irradiating equipment <input type="checkbox"/> Autoclaves <input type="checkbox"/> Centrifuges <input type="checkbox"/> Analytical equipment <input type="checkbox"/> Electrophoresis setups <input type="checkbox"/> Others (please specify): <hr/> <hr/> <hr/>	Storage Areas <input type="checkbox"/> Flammable cabinets <input type="checkbox"/> Refrigerators <input type="checkbox"/> Cold rooms <input type="checkbox"/> Chemical stores <input type="checkbox"/> Bench cabinets
Name of Hazardous Agent	Classification (i.e. risk group, toxicity properties)	Any remaining quantities left in the lab?
Other issues:		
Do you have materials or chemicals that have been stored in cold rooms or freezers outside of your laboratory? <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE If yes , where are they located?		

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Did you make any structural modifications to the laboratory space, or move/store any fixtures or casework?

YES NOT APPLICABLE

If **yes**, what were they? Where are they located?

Do you share any storage or laboratory space with another researcher?

YES NOT APPLICABLE

If **yes**, with whom? Where?

Decommissioning Certification Procedures

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

Biological

- All biological materials have been destroyed or transferred to another laboratory appropriately.
- Any biological safety cabinets have been emptied and decontaminated with an appropriate disinfectant
- All stocks and media solutions have been decontaminated with an appropriate disinfectant
- All biological materials have been removed from freezers and refrigerators. The freezers and refrigerators have been decontaminated with an appropriate disinfectant
- All laboratory surfaces used for infectious materials have been decontaminated with an appropriate disinfectant
- All solid infectious materials and used supplies have been disposed in an infectious waste container.
- All sharps have been placed into sharp containers and the sharp containers disposed in infectious waste containers.

Chemical

- All chemical waste has been disposed off through licensed waste collectors
- All useful chemicals have been redistributed to other departments
- All compressed gas cylinders have been returned to vendors
- All laboratory surface areas used for chemicals have been adequately decontaminated
- All fume hoods have been emptied and decontaminated accordingly.

Radiation

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- All radioactive material inventory balance are accounted for
- Radioactive sources and irradiating equipment have been disposed off or transferred to another laboratory
- Wipe, survey tests have been conducted

General

- Any areas that were impacted from a spill of chemicals, biological agents or radioactive materials have been identified to the faculty safety officer.
- All unused laboratory supplies/consumables/assets have been relocated to a new laboratory, sent to surplus or transferred to another research facility.
- All biohazard/chemical/radiation signs and labels have been removed from equipment and cabinets.
- Notify safety officer for any lifting of heavy equipment as competent personnel shall be engaged with submitted risk assessment and lifting plan for such lifting activities.

Responsible Party
(i.e., Principal Investigator or Head of Department)

Date

c. Physical Verification by Faculty Safety Officer

Name

Signature

Date

Comments: