

APPENDIX F: LABORATORY DECOMMISSIONING NOTIFICATION & VERIFICATION FORM

Details of Academic Supervisor		
Name	Contact No. (office)	Designation
Department/Organization/Institution	Location of laboratory/Workshop	Email
Key Contact Person of Laboratory/Workshop (i.e. LO,RF,RA) Name		Contact No.:
<input type="checkbox"/> Decommissioning of Laboratory/Workshop Space (for renovation and construction) <input type="checkbox"/> Decommissioning of Specialised Equipment <input type="checkbox"/> Cessation of Laboratory/Workshop Activity Remarks: _____ _____		
Additional information:		
1. Are there any materials or chemicals that have been stored in chemical stores, cold rooms or freezers outside of the laboratory/workshop? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate the storage location: _____)		
2. Have there been any structural modifications made to the laboratory/workshop space? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate the location and modification made: _____)		
3. Is the laboratory/workshop space or material storage shared with another Academic Supervisor? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate the location and name of Academic Supervisor : _____)		

<i>This section must be completed for the decommissioning of any laboratory/workshop space and the cessation of laboratory/workshop activities. The purpose is to ensure that the space is handed back to the department in a satisfactory condition and to prevent safety and health concerns to contractors or new laboratory/workshop users taking over the space.</i>					
Items		YES	NO	NA	Comments
General Safety & Health					
Academic Supervisor to ensure general housekeeping of the laboratory and labels, supplies or consumables and waste have been removed.					
1	All relevant licences/permits relating to the laboratory/workshop has been cancelled or notified to the relevant authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	All hazard labels and signs have been removed from the laboratory/workshop, equipment and cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	All remaining laboratory supplies / equipment have been relocated to a new laboratory or workshop or transferred to another facility. (to attach record)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Items		YES	NO	NA	Comments
4	All disposable liners/covers on benchtops have been removed and the surfaces have been cleaned appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	All waste (biological, chemical, radioactive etc.) have been disposed of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Safety (<input type="checkbox"/> NA)					
BSL level – <input type="checkbox"/> BSL1 / <input type="checkbox"/> BSL2 / <input type="checkbox"/> BSL3 / <input type="checkbox"/> Others					
Academic Supervisor to ensure laboratory/workshop hazards (i.e. biological, chemical, radiation hazards) have been removed from the laboratory/workshop.					
6	All biological materials have been destroyed or transferred to another laboratory appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	All biosafety cabinets and equipment used for biologics (centrifuge and rotors, incubators, shakers, water bath etc.) have been emptied and decontaminated with appropriate disinfectants. (provide decontamination details and information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	All biological materials have been removed from freezers and refrigerators or cryogenic vessels. The freezers and refrigerators have been decontaminated with appropriate disinfectants. (provide decontamination details and information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Laboratory surfaces and equipment used for biological materials have been adequately decontaminated with appropriate disinfectants. (provide decontamination details and information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Safety (<input type="checkbox"/> NA)					
10	All useful chemicals have been returned to the department for redistribution. (provide inventory of transfer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	All compressed gas cylinders have been returned to vendors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Laboratory/Workshop surfaces used for chemicals have been adequately cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	All fume hoods have been emptied and decontaminated accordingly. (provide decontamination details and information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	All refrigerators, chemical cabinets and benches have been emptied and cleaned accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation (<input type="checkbox"/> NA)					
15	All radioactive material inventory balance are accounted for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Radioactive sources and irradiating equipment have been disposed by approved contractors or transferred to another laboratory/workshop with valid licences to possess, store and use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Items		YES	NO	NA	Comments
17	Radiation licences for equipment and/or sources are updated to reflect new location(s) or terminated if equipment and/or sources are sold, disposed or no longer under NUS ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Swipe / survey tests have been conducted and the results are satisfactory. (Attach report where available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Dose badges are returned to Regulatory Authority (NEA) for staff and students who ceased work with ionising radiation materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This section must be completed for the decommissioning of all Specialised Equipment. The purpose is to ensure that the equipment can be removed safely from use.

Specialised Equipment Decommissioning Items		YES	NO	NA	Comments
General Safety & Health					
1	All hazardous contents (biological, chemical and radioactive material) have been purged/decontaminated and removed from the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	All hazardous contents have been disposed through licensed waste collectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	All process inlets (air supply, gas supply, chemical supply etc.) to the equipment have been positively isolated to prevent inadvertent release to the laboratory/workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	All discharge points (exhaust, drain line etc.) from the equipment have been positively isolated to prevent inadvertent release to the laboratory/workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	The abatement system of the equipment has been cleaned and removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	All monitoring system (gas detector, fire suppression etc.) associated with the equipment has been isolated and removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Lockout-tagout system or other control is in place to prevent inadvertent use of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	A decontamination/disposal label has been affixed on the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Confirmation by Academic Supervisor	
<hr/> Name and Signature of Academic Supervisor	<hr/> Date

S/N	Follow-up Action	Completion date

Verification by Safety and Health Officer		
_____	_____	_____
Name	Signature	Date