EHS Laboratory Decommissioning Checklist

Principal Investigator: ____________________________
Lab Location(s): ________________________________

☐ Terminating affiliation with Baylor
☐ Relocating to another lab space
☐ Major renovation
☐ Retirement

Any personnel staying at BU after PI departs?
☐ Yes ☐ No ☐ NA

If yes, list names:
______________________________________
______________________________________
______________________________________

Check boxes as appropriate

General
Equipment
☐ Equipment Release Forms have been signed and affixed to equipment to be moved or discarded
☐ Any glassware remaining in the lab cleaned and stored appropriately
☐ Lab benches/drawers/cabinets cleaned
☐ Fume hoods are empty and cleaned
☐ Biosafety cabinets empty and disinfected
☐ Refrigerators/freezers emptied and cleaned
☐ Broken glass boxes are closed and taped shut
☐ Sharps containers closed
☐ Safety signage on equipment removed or defaced

Chemical
☐ Waste has been tagged
☐ Pick-up request submitted
☐ All chemicals remaining in the lab are identified/labeled
☐ Gas cylinders returned
☐ Mercury containing equipment identified (thermometers, switches)

Controlled Substances
☐ Material transferred or disposed by reverse distributor
☐ Licenses terminated or transferred to new location

Biological
☐ Waste disposed (EHS, autoclave)
☐ All work surfaces, floors and equipment wiped down with disinfectant
☐ Pathogens transferred or disposed as biological waste

Radioactive Materials/Equipment
☐ Waste disposed
☐ Closeout survey has been completed
☐ Rad materials or Lasers transferred or disposed/decommissioned

Shipping Research Materials (outside Baylor)
☐ Personnel are certified to ship or EHS is contacted

EHS Use

________________________________________________________________________
EHS Reviewer _________________________ Date ____________

Lab cleared? ☐ Y ☐ N __________________________ Date ____________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________