

LABORATORY DECOMMISSIONING CHECKLIST

This checklist is to be completed by the Principal Investigator (PI)/Responsible Person of the lab that is being decommissioned or by their designee. Department of Campus Operations & Safety (COS) and Research Compliance (RC) will use the completed checklist during the laboratory decommissioning inspection to verify that all hazards have been removed from the laboratory and/or that ownership of remaining hazards has been appropriately transferred to another party. This process should be started at least three months before vacating the chemical-use room/laboratory to allow ample time to dispose of all materials properly.

Upon completion of a successful decommissioning inspection, you will be issued a Laboratory Decommissioning Clearance Authorization.

Decommissioning electronice Nathonization.		
GENERAL INFORMATION		
Principal Investigator (PI)/Responsible Person	Department	
Email address	Building name and number	
Reason for decommissioning (check all that ap PI/Responsible Person Leaving TAMUC PI/Responsible Person moving to a new lab of Room will be used as non-laboratory space Renovation/construction/remediation/abate	on TAMUC campus	

No.	Description	Yes	No	N/A
1.	If radioactive material and/or x-ray producing device was present or used, TAMUC's COS was contacted and a closeout survey completed.	0	0	\bigcirc
2.	If a laser was present or used in the lab, TAMUC's COS was contacted and a Laser Permit Amendment form has been completed.	0	0	0
3.	If biological material was present or used, TAMUC's Research Compliance was contacted and a closeout survey completed.	0	0	0
4.	All controlled substances have been discarded or relocated appropriately. Abandonment of a controlled substance is a violation of the Drug Enforcement Agency's (DEA) requirements. (Note: Special procedures may be required by the DEA and by the Food and Drug Administration.)	0	0	0

No.	Desc	ription	Yes	No	N/A
5.	refrig	nemical compounds, reagents, and samples were removed from gerators, freezers, cold rooms, storage rooms, closets, etc., including mon areas. In shared laboratories, all PIs/Responsible Persons must agree what is disposed, transferred, and/or left behind.	0	0	0
	5.a	All chemicals targeted for hazardous waste disposal were removed by following COS guidelines. <i>Under no circumstances may any hazardous chemical be disposed of down drains or into regular trash receptacles.</i>	0	0	0
	5.b	Usable chemicals were transferred to another party in your department who took charge of them. The receiving party must be a signatory to the transfer (see <i>Laboratory Material Transfer Form</i>) and will thereafter be responsible for proper storage, usage, and disposal of the materials.	0	0	0
	5.c	Chemicals and samples that will be transferred to a laboratory at another location on the TAMUC campus or to an off- campus location have been appropriately packaged for transfer. COS and/or the department representative trained in hazmat shipping have been consulted and, when necessary, have authorized the transfer. Contact COS to determine who your department representative is.	0	0	0
6.	All gl	assware was cleaned and packed according to Departmental instruction.	0	0	\circ
	6.a	All non-contaminated broken glassware was placed in a lined, sturdy box that was taped shut, labeled "BROKEN GLASS," and placed in the dumpster for regular trash disposal.	0	0	0
	6.b	Broken glassware that was contaminated has been decontaminated as appropriate for the hazard prior to disposal in the dumpster and/or has been disposed as per Office of Biosafety or COS guidelines.	0	0	0
7.	Shar	ps have been removed and appropriately disposed.			
	7.a	Non-biohazardous sharps were collected in either a sturdy, puncture resistant container and encapsulated, or in a purchased sharps disposal container (defaced to remove the biohazard label) with a locking lid. The sealed container was placed in the dumpster for proper disposal.	0	0	0
	7.b	Sharps (needles, scalpel blades razor blades, broken glass, pipette tips, Pasteur pipettes, etc.) contaminated with biohazardous materials were disposed per Office of Biosafety guidelines.	0	0	0
8.		ompressed gas cylinders were returned to suppliers. If cylinders are non- rnable, COS was contacted for removal.	0	0	0

No.	. Description		No	N/A			
9.	·		0	0			
	9.a If the Biological Safety Cabinet will be relocated, it was decontaminated per Research Compliance requirements.	0	0	0			
	9.b All trash and debris have been removed from floors, bench tops, cabinets, drawers, and fume hoods.	0	0	\circ			
10.	 Prior to discarding laboratory equipment, the following items were removed: capacitors or transformers (in high-voltage generating equipment) mercury from lab apparatus mercury switches and thermometers refrigerant fluids containing chlorofluorocarbons (in freezers and refrigerators) radioactive sources and chemicals 		0	0			
11.	The only items remaining are those requested by the new tenant and they are tagged with his/her name.		0	0			
12.	No items or equipment have been left in the hallway.		0	\circ			
13.	All emergency contact information and signage for specific hazards were removed.		0	0			
Comments:							
Signature, Principal Investigator Printed Name, Principal Investigator							
Date	Date Building and Room Number(s)						

Signed form must be submitted to Department Head, Research Compliance and to COS via email.