

SOP# EHS-004 – Laboratory Closeout/Transfer Procedures

Laboratory Closeout/Cleanout Approval Form

Building: _____

Room: _____

Department: _____

Principal Investigator: _____

Other PIs Using the Lab: _____

Intended Closeout/Transfer Date: _____

Items for Disposal	Completed			Comments
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
1. Chemical Inventory Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Biological Material Inventory Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Equipment List Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Comments

Closeout/ Cleanout Approval

Print Name: _____

Signature: _____
Department Head/ Chair

Date: _____

Print Name: _____

Signature: _____
Principal Investigator

Date: _____

Submit completed form to EH&S at ehs@fau.edu

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Laboratory Closeout/Transfer Checklist	
Building:	Room #:
Principal Investigator:	Department:
Other PIs using the lab:	
Person Completing Form:	Date:
Signature:	

Reason for Closeout: Leaving FAU
 Relocation within FAU (Building/Room: _____)
 Renovations
 Other _____

Item	Completed			Date Completed
LABORATORY SPACE(S)				
1. Has EH&S been notified of all PIs using the laboratory space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Are research samples and other similar materials stored in the laboratory space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Has a new approved storage location for the research samples been identified? Building: Room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Will all research samples remaining in the space at the time of the clean out be disposed of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
ADMINISTRATIVE				
5. Terminate, reassign or modify all IBC Projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Terminate, reassign or modify all IRB Projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Terminate, reassign or modify all IACUC Projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Terminate, reassign or modify all registrations for use of Radioactivity with the Radiation Safety Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
BIOLOGICAL SAFETY				
9. Properly dispose of all sharps waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. Remove and discard all absorbent pads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11. Disinfect the contents of aspirating flasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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Item	Completed			Date Completed
12. Disinfect all equipment used to store and handle infectious or potentially infectious material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
13. Decontaminate and clean BSC.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
14. Cover and seal with impervious material any contaminated part that cannot be disinfected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
15. Removed or deface all biohazard warning sticker on decontaminated equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
16. Package and seal biological waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
17. Contact EH&S for a Biological Waste Pickup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
RADIATION				
18. Contact the RSO to collect and reuse or recycle lead bricks, pigs, shielding, aprons and stock containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
19. Dispose of all radioactive solutions, samples and waste properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
20. Clean all radioactive equipment and work areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
21. Contact EH&S for a Radioactive Waste Pickup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
22. Contact the RSO to schedule a survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
23. Contact the RSO to cancel all radiation badges and to return dosimeters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
LASERS				
24. Notify LSO of Laser (Class 3 or Class 4) transfer or removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
CHEMICALS				
25. Contact EH&S for additional hazardous waste supplies (containers, labels etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
26. Chemicals meeting the <i>good condition requirements</i> offered to other PIs ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
27. Complete chemical inventory (SciShield ChemTracker) and physically segregate them by class and compatibility	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	

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Item	Completed			Date Completed
28. Label all chemical and chemical waste containers with the chemical name (Abbreviations, chemical formulas or structures are NOT acceptable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
29. Dispose of peroxide- forming materials that are opened or are more than 6 months old.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
30. Alert EH&S of leaking or compromised containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
31. Collect all hazardous waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
32. Dispose of all sharps (needles, syringes, blades, glass Pasteur pipettes, chemically contaminated broken glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
33. Clean and decontaminate all surfaces.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
34. Remove regulators and replace caps on all compressed gas cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
35. Contact compress gas cylinder vendor to return all cylinders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
CONTROLLED SUBSTANCES				
36. Contact EH&S regarding the return, transfer, or proper disposal of any DEA substance or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
37. Contact EH&S arrange for pick-up of the narcotics cabinet and key boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
GENERAL				
38. Identify wanted equipment and move once emptied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
39. Identify working equipment for surplus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
40. Drain oil from vacuum pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
41. Cleanout darkrooms and photo processing equipment with service vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
42. Decontaminate chemical fume hoods with detergent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
43. Bag, or box all non-hazardous trash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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Item	Completed			Date Completed
44. Remove all glassware, paper, general lab materials, other materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
45. Remove all door signs and placards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
CLOSEOUT				
46. Lock lab doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
47. Contact the LSO for a final inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

This form requires signatures on the following page. Send the completed checklist to EH&S at ehs@fau.edu

Signatures:

Principal Investigator: _____
Printed Name
Electronic Signature
Date

Department Head: _____
Printed Name
Electronic Signature
Date

EH&S: _____
Printed Name
Electronic Signature
Date