

ODU Laboratory Close-out / Relocation Checklist

Building: _____ Room: _____ Researcher/PI: _____

Phone / email: _____

RELOCATING LABORATORY If so, to: Bldg. _____ Room # _____

VACATING LABORATORY

	<i>Date Completed or N/A</i>
Chemical	
Fume Hoods have been cleared of all chemicals and equipment?	
Fume Hoods have been wiped/washed out and decontaminated?	
A chemical waste inventory (HazWaste Disposal Form) has been submitted to department/EHS for all chemical waste and unwanted chemicals?	
All items for disposal have EHS HazWaste Labels attached?	
All chemicals, including compressed gases, have been removed or are scheduled to be transferred?	
Chemical storage cabinets including flammable/corrosive cabinets, drawers, bench tops, and shelves have been cleaned?	
Biological	
Submitted amendments for IBC/IACUC protocols with new location information or closure information?	
Countertops have been cleaned/decontaminated?	
Freezers and refrigerators have been cleaned/decontaminated? Warning labels removed.	
Incubators/water baths have been properly decontaminated?	
Biohazard areas/biological safety cabinets have been properly decontaminated?	
All biological waste/sharps have been properly disposed of?	
All biological materials have been removed/transferred from the lab?	
Any controlled substance (i.e., DEA regulated) has been properly documented for transfer/disposal? DEA Forms completed?	
Radiological	
If lab is being relocated, has form RSO-6 been completed and submitted to the RSO? (Transport of radioactive material may ONLY be performed by the RSO).	
Disposal/ transfer of all radioactive material has been requested by completing form RSO-50?	
Preliminary closeout surveys and swipes have been performed and documented?	
Posted radiological equipment has been surveyed and decontaminated?	
A laboratory close-out survey request has been sent to the RSO?	
Any assigned dosimetry has been turned into the RSO?	

Department Sign-Off

Submit completed check-list to department head for signature

Researcher _____ Date _____
Signature Printed Name

Department Head _____ Date _____
Signature Printed Name