

## Appendix A: Decommissioning Checklist for Lab Closing

*This form is for lab closing only and is not for lab moves*

### General Information

**Department:** \_\_\_\_\_

**Lab Location Building:** \_\_\_\_\_ **Room(s):** \_\_\_\_\_

**Responsible Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Department Head,  
Facility Supervisor,  
or Department Safety Officer** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Estimated Date for Closing Lab:** \_\_\_\_\_

**Reason for Closeout:**     **Leaving UT**                       **Retirement**                       **Other**

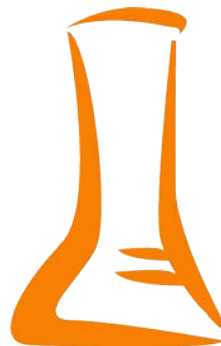
### Four Sections to Review



**Biosafety**



**Radiation Safety**



**Chemical Safety**



**Other**

**Biosafety (Lab Closing)****What biosafety level applies?**

None (skip to next section)     BSL-1     BSL-2     BSL-3



<b>Responsible Person Responsibilities</b>	<b>Completed</b>	<b>N/A</b>	<b>Initials</b>
Contact the Biosafety Office to evaluate biohazards to be moved or discarded.	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazards have been removed from the lab: <ul style="list-style-type: none"> <li>Biohazards sent to offsite locations must be packaged and shipped in accordance with DOT/IATA hazardous materials shipping regulations; contact the Biosafety Office for assistance.</li> <li>Biohazards transferred to other UT lab locations must be reviewed and approved by the Biosafety Office.</li> <li>Unwanted biohazard must be segregated and treated as biohazardous waste (see below).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
All biohazardous waste must be inactivated by an approved method (e.g. autoclaving) <b>or</b> packaged for removal by regulated medical waste contractor; contact Biosafety Office for guidance.	<input type="checkbox"/>	<input type="checkbox"/>	
Permanently close and surface disinfect sharps containers and submit to EHS during hazardous waste collection. Contact EHS or the Biosafety Office for locations and times.			
Surface clean and disinfect all lab benches used for procedures with biohazards.	<input type="checkbox"/>	<input type="checkbox"/>	
Surface clean and disinfect all biosafety cabinets (BSCs), clean benches, centrifuges, incubators, or other equipment used to process and store biohazards. Full gaseous decontamination of internal components of such equipment is generally not required, but may be necessary depending on risk assessment. Equipment for surplus must be labeled with appropriate surplus/decontamination forms (see <a href="https://warehousing.utk.edu/">https://warehousing.utk.edu/</a> ).	<input type="checkbox"/>	<input type="checkbox"/>	
Remove or deface all biohazard labels/markings on decontaminated equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
Notify the Biosafety Office of any equipment or areas that cannot be fully decontaminated.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Biosafety Office Responsibilities</b>	<b>Completed</b>	<b>N/A</b>	<b>Initials</b>
Perform exit survey.	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that biohazards are properly packaged and declared for commercial shipping as applicable (in accordance with DOT/IATA regulations). Verify approvals if biohazards transferred to other UT labs as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that all biohazardous waste has been treated/removed from lab and that sharps containers have been submitted to EHS or the Biosafety Office.	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that equipment has been cleaned and disinfected. Where equipment cannot be satisfactorily disinfected, the Biosafety Office will arrange for gaseous decontamination of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that all biohazard labels have been removed/defaced and remove the door placard(s) as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	

## Radiation Safety (Lab Closing)



**Were radioactive materials used in the lab?**

**No (skip to next section)**       **Yes (complete the following)**

<i>Responsible Person Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Prepare radioactive waste for Radiation Safety to pick up. All waste containers should be labeled with radionuclide and activity.	<input type="checkbox"/>	<input type="checkbox"/>	
Contact Rad Safety for an exit decommissioning survey of the lab space.	<input type="checkbox"/>	<input type="checkbox"/>	
Notify the Rad Safety Office if there are items/equipment that may be contaminated with radioactive materials.	<input type="checkbox"/>	<input type="checkbox"/>	

<i>Radiation Safety Office Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Remove/move any radioactive materials.	<input type="checkbox"/>	<input type="checkbox"/>	
Survey all equipment that is labeled, or could possibly be contaminated.	<input type="checkbox"/>	<input type="checkbox"/>	
Perform an exit decommissioning survey of the lab space, and remove radiation postings from doors.	<input type="checkbox"/>	<input type="checkbox"/>	

## Chemical Safety (Lab Closing)

### Were chemicals used in the lab?

No (skip to next section)       Yes (complete the following)



<i>Responsible Person Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Label all chemical containers with the proper chemical name. Abbreviations, chemical formulas or structures are not acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	
Close all containers securely	<input type="checkbox"/>	<input type="checkbox"/>	
Empty all beakers, flasks, evaporating dishes, oil/water bathes into the proper container and dispose of appropriately (all hazardous materials must be disposed of as hazardous waste).	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose of empty containers in the trash after removing all markings and writing "EMPTY" on the container. Triple rinse empty acid containers before disposal. Empty containers which held acutely toxic chemicals should be disposed of through EHS. Do not dispose of any chemicals in the trash or down the drain, regardless of hazard rating	<input type="checkbox"/>	<input type="checkbox"/>	
Check containers for expiration dates and signs of corrosion crystallization. Peroxide-forming materials should be disposed of if the container has been opened and is more than six months old, or if it has not been opened and is more than one year old. Always dispose of by the expiration date listed by the supplier.	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose of old chemicals and lecture bottles to EHS at one of the waste rooms or appropriate waste collections. If you have a large amount of chemicals to dispose of, contact EHS to coordinate a lab chemical cleanout at least four weeks before needed.	<input type="checkbox"/>	<input type="checkbox"/>	
Contact DEA to dispose of any controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and decontaminate all chemical cabinets, refrigerators, freezers and any other chemical storage areas, benchtops and equipment from any spilled chemicals. Remove all bench paper.	<input type="checkbox"/>	<input type="checkbox"/>	
Make sure that shared equipment and locations are included in the cleanout and are decontaminated from any radioactive, biohazardous or chemical contamination.	<input type="checkbox"/>	<input type="checkbox"/>	
Remove regulators, replace cylinder caps and return all compressed gas cylinders to the vendor (Airgas).	<input type="checkbox"/>	<input type="checkbox"/>	
Contact EHS for disposal of any compressed gas cylinders which are non-returnable	<input type="checkbox"/>	<input type="checkbox"/>	
Properly dispose of all sharps waste (Bio, Rad or Chemical)	<input type="checkbox"/>	<input type="checkbox"/>	
Notify EHS of any materials or procedures that could leave hazardous chemical residues (e.g., perchloric acid in a chemical fume hood) or areas that cannot be fully decontaminated (e.g., materials potentially containing asbestos; fume hoods; refrigerators used in the storage of highly toxic chemicals, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	

<i>EHS Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Perform Exit Survey.	<input type="checkbox"/>	<input type="checkbox"/>	
Dispose of all chemicals, lecture bottles, and other hazardous materials left remaining in lab.	<input type="checkbox"/>	<input type="checkbox"/>	
Address any chemical residue hazards.	<input type="checkbox"/>	<input type="checkbox"/>	

## All Other Safety (Lab Closing)

To be completed by all labs



<i>Responsible Person Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Bag or box up all trash and refuse (or place in trash cans) and label as trash for disposal by housekeeping.	<input type="checkbox"/>	<input type="checkbox"/>	
Notify Facilities Services to bleed any stored electrical energy from equipment (e.g., capacitors) bound for trash or surplus to the warehouse.	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure all keys unique to closing lab have been turned in by all members of the research group.	<input type="checkbox"/>	<input type="checkbox"/>	

<i>STAR Team Responsibilities</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Equipment disconnected from fixed facilities and utility connections in room made safe.	<input type="checkbox"/>	<input type="checkbox"/>	
Bleed stored electrical energy from equipment.	<input type="checkbox"/>	<input type="checkbox"/>	

<i>Department Head, Facility Supervisor, DSO</i>	<i>Completed</i>	<i>N/A</i>	<i>Initials</i>
Ensure the Responsible Person has completed the lab closeout to their satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	
Approve release of final paycheck pending required signatures.	<input type="checkbox"/>	<input type="checkbox"/>	

### Required Signatures (Lab Closing)

**This lab is considered clean and ready for housekeeping, renovations, or occupation by new faculty, only after all signatures are complete and this page is posted on the lab door.**

***Responsible Person:***

Print	Signature	Date:
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***Department Head, Facility Supervisor, or DSO:***

Print	Signature	Date:
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***EHS Representative:***

Print	Signature	Date:
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***Rad Safety Rep. (Rad Labs only):***

Print	Signature	Date:
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***Biosafety Rep. (BSL-2 Labs only):***

Print	Signature	Date:
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***STAR Team Representative:***

Print	Signature	Date:
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#### Current (Interim) Emergency Contact

Name and Department	Daytime Phone #	After Hours phone #
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*This record shall be kept in the PI's (or responsible person) permanent personnel file in their respective departmental office for a minimum of 10 years. Electronic copies shall be kept by the Office of Research and Environmental Health & Safety for a minimum of 10 years. A copy of the signature page shall be placed in the sign holder on or next to the laboratory door to be removed by the new occupant*