



University of Windsor

Laboratory Closeout Checklist

Laboratory Information

Laboratory to be closed out: Building _____ Room(s) _____

Date laboratory will be vacated: _____

Researcher, Lab coordinator (please print): _____ Dept.: _____

Checklist

	Yes, N/A	Initials
CHEMICALS	-----	-----
Identify all chemicals for disposal		
Label all containers with full chemical name(s)		
Submit surplus list to CCC at least 4 weeks prior to lab closeout		
Clean all laboratory surfaces including hoods		
Confirm that all hazardous waste and surplus chemicals have been removed		
If transferring chemicals to another lab, call CCC for proper procedure		
If chemicals are in CCC inventory system, update records to include disposal information or reflect transfer to another laboratory		
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GAS CYLINDERS	-----	-----
Return to CCC		
Identify content of cylinder(s) even if "empty"		
-----	-----	-----
MICOORGANISMS AND CULTURES	-----	-----
Place waste in biohazaed bag		
Autoclave waste then over bag for disposal		
Clean all equipment used with above proper disinfectant		
Transfer of active microorganism and cultures to:		
Print Name		
Update inventory records		
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RADIOACTIVE MATERIALS	-----	-----
Package all surplus and waste radionuclides in approved and label waste container		
Complete rad. waste tags and attach to containers		
Call CCC to arrange pickup		
Checklist (continued)	Yes, N/A	Initials
RADIOACTIVE MATERIALS (continued)	-----	-----
Perform contamination survey, decontaminate and re-survey if necessary		
Schedule closeout survey with RSO		
Remove all rad. Signs, stickers, postings, etc.		
Transfer inventory to:		
Print Name		
Prepare rad. Materials for shipment to new location update inventory records		
Return dosimeters and holders to RSO		
Return security keys to RSO		
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MIXED HAZARDS	-----	-----
Identify any mixed hazards, call CCC for guidance		
Submit chemical list to CCC		
-----	-----	-----
EQUIPMENT AND LAB FURNITURE	-----	-----
Clean or decontaminate any equipment or furniture to be left in lab		
Call CCC for disposal information regarding contaminated equipment or furniture		
Identify any equipment containing capacitors, PCBs, circuit boards, transformers, mercury switches, mercury thermometers, radioactive sources, lasers, x-rays sources, and/or Freon refrigerant, to CCC		
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SHARED STORAGE AREAS	-----	-----
Check all shared areas for hazardous materials		
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LAB INSPECTION	-----	-----
Voluntarily request an exit inspection by CCC		



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Department Clearance

Researcher's Agreement

I certify that my staff and I have adequately cleaned out and decontaminated the laboratories under my supervision.

Researcher's Signature

Date

Department Head/Designee

I am aware of the status of the lab(s) being vacated and I understand that I am responsible for the laboratory space and contents of the vacated lab(s).

Department Head's/Designee's Signature

Date

Please return a copy of this form to the Chemical Control Centre.