

Complete form prior to a lab/studio being reassigned, renovated or demolished.

Department: _____

Building and Room Number: _____

Date Completed
or NA (Not Applicable)

<p>Chemicals</p> <ul style="list-style-type: none"> Evaluate and ensure all containers are properly identified, labelled and stored Transfer responsibility for chemicals to: _____ 	
<p>Radioactive Material Contact Radiation Safety Officer (x35755) to have de-commissioned</p>	
<p>Biosafety Contact Bio Safety Officer (x35613) to have de-registered</p>	
<p>Hazardous Waste</p> <ul style="list-style-type: none"> Disposed of through Environmental Safety Facility (ESC x35755) Includes hazardous consumer products (i.e. cleaning solvents, paints, thinners, oils, pesticides, etc.) 	
<p>Perchloric Acid</p> <ul style="list-style-type: none"> I have not undertaken any work with which would result in perchloric acid fume being generated 	

General Requirements

- clean, tidy and free of combustible materials and physical hazards such as sharps
- laboratory glassware empty and cleaned
- refrigerators, autoclaves, ovens, freezers, incubators, fume hoods, and storage cabinets cleaned-out and decontaminated
- lab bench tops and fume hood work surfaces cleaned (washed down)
- compressed gas cylinders returned to the supplier(s)
- signs, posters and non-University property removed

Other Arrangements:

Outgoing Laboratory Supervisor (Please Print): _____

Signature: _____ Date: _____

Incoming Laboratory Supervisor (Please Print): _____

Signature: _____ Date: _____

Department Approval

Department Director/Chair, Administrative Head or Designate: _____

Signature: _____ Date: _____

Copies: (1) Lab Supervisor; (2) Department Director/Chair and (3) Safety Office – Commissary Bldg.