

LABORATORY CLEARANCE CHECKLIST

Laboratory/Shared Space Location(s): _____

Prin. Investigator: _____ Date: _____

Dept: _____ Dept. Chair/Director _____

Reason for Vacating Lab(s): _____

Location of New Lab (if applicable): _____

Hazardous Material Used in Laboratory or Shared Spaces (Check all that are applicable):

- | | |
|---|---|
| <input type="checkbox"/> Chemicals
<input type="checkbox"/> DEA Controlled Substances
<input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Biological and Infectious Material:
<input type="checkbox"/> Select Agents
<input type="checkbox"/> Infectious Material
<input type="checkbox"/> Animal or Human Tissue
<input type="checkbox"/> Biological Toxins |
|---|---|

	Yes	No	N/A	Comment
Chemicals				
Are any chemicals still in the lab or shared storage space?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they properly labeled and secure?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any chemicals transferred to another lab?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list PI and location(s): - _____				
If yes, was the CHO notified?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any chemicals transported off campus?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate to whom and where in the comments .				
Did persons involved in transport have DOT training?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all DEA Controlled Substances been turned into the Director of LAR?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive Materials				
Has the Radiation Safety Office closed out the lab?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the PI turned in the RSM, dosimeters, survey meters, protection equipment and shielding to the RSO?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biological and Infectious Material				
Are there any biological/infectious materials or select agents still in the lab or shared storage space?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they properly labeled and secure?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any biological/infectious materials or select agents transferred to another lab?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list PI and location(s): _____				
If yes, was the Biological Safety Officer notified?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any biological, infectious, or select agents transported off campus?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate to whom and where in the comments .				
If yes, was the Biological Safety Officer notified?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did persons involved in transport have DOT training?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Comment
Was infectious waste generated from the operation of the lab or shared space?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were biological/infectious wastes managed per the requirements of the Infectious Waste Management Guide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were human or animal tissues removed from preservatives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If infectious waste, was tissue disposed as such?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, was it sent to LAR?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Equipment and Surfaces

Have contaminated equipment and surfaces been decontaminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any lab equipment been turned over to ESPM?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all hazardous materials removed from the equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was ESPM notified of the hazardous material removed?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Laboratory Exit Clearance Certification

I, as the principal investigator, certify that I, and my staff if applicable, have followed the WSU Exit Policy for the Closeout/Decommissioning of University Laboratories, such that all hazardous material and waste for which I am responsible have been removed from my laboratory and other associated use areas or is properly labeled and secured. All contaminated laboratory equipment and surfaces have been properly decontaminated.

Principal Investigator (signature/date): _____

Dept. Chair or Director, if present (signature/date): _____

Based on the certification above, this lab space assigned to the aforementioned principal investigator has been cleared of all biological, chemical, and radioactive material and is released for future use.

EHS Representative (signature/date): _____