A. Laboratory Close-Out Policy

The research faculty assigned to a particular laboratory (hereinafter referred to as researcher) is responsible for proper disposition of all items in the laboratory, including furniture, equipment, chemicals, biological materials, radioactive materials, glassware, sharps and waste materials. The Department Chair is responsible for ensuring that all researchers understand their responsibilities and that the following procedures are followed when a researcher leaves the University or transfers to a different department or laboratory.

1. The researcher should notify the Department Chair of any furniture, equipment, or supplies that are to be transferred with the researcher, and those that will remain.

2. The researcher shall ensure that all biological wastes are disposed of in accordance with the procedures outlined in Section VIII, Biomedical Waste.

3. Hazardous chemicals that will not be transferred with the researcher must be properly labeled in accordance with the OUHSC Hazard Communication Policy. The researcher should attempt to locate other faculty or staff who may be able to utilize some or all of the chemicals. Those that remain must be segregated and inventoried on a Hazardous Materials Pickup Request Form as described in Section V, Hazardous Waste. The researcher should then contact the EHSO to arrange for pick-up of the chemicals.

4. Once the hazardous chemicals have been segregated into one identifiable area, the researcher shall ensure that all remaining refrigerators, freezers, cold/warm rooms, fume hoods, biological safety cabinets, storage cabinets, sinks and bench tops are clear of glassware, chemicals, sharps and other items, and that surfaces of these items are cleaned and appropriately disinfected. The researcher shall then sign a "Check Sheet for Vacating Room" (see page III-9) form upon completion of this step and post the form on the door to the laboratory or cold/warm room.

5. Once the chemicals are picked up or removed, the EHSO will perform an exit inspection at the time of chemical pick-up and will sign the "Check Sheet for Vacating Room" form. Once this is completed, the EHSO will contact the Radiation Safety Office.

6. The Radiation Safety Office will perform wipe testing in laboratories where radioactive materials have been utilized or where any radioactive materials signage exists. Upon completion of this clearance, the Radiation Safety Office will sign the "Check Sheet for Vacating Room" form. If no radioactive use or labels are present and no wipe down is necessary, the Radiation Safety Office will indicate so on the "Check
7. The Radiation Safety Office will notify Custodial Services, who will perform a general cleaning of the area and will sign the "Check Sheet for Vacating Room" form.

8. Upon completion of these steps, the "Check Sheet for Vacating Room" form must remain posted on the door to the laboratory, thus identifying the laboratory as cleared for construction, renovation, or use.

Source: OUHSC Laboratory Closeout Policy
DO NOT REMOVE

CHECK SHEET FOR VACATING ROOM

ROOM NUMBER ______

Post This Notice on the Door of the Laboratory/Cold Room/Warm Room

This room has been cleaned of all hazardous materials (including broken glass and sharps) under my responsibility and no hazardous spills or residues are present in this room. Refrigerators, freezers, fume hoods, biological safety cabinets, storage cabinets, and sinks have been cleaned and appropriately disinfected.

Researcher __________________________________ Date __________________

All hazardous materials and biomedical wastes have been removed from this room.

Environmental Health and Safety Office ________________________ Date __________

☐ This room has been wipe tested in accordance with the Nuclear Regulatory Commission requirements. No fixed or removable contamination has been detected.

☐ No wipe down of this room is necessary.

Radiation Safety Office ________________________ Date __________

Countertops, floors, and sinks have been properly cleaned and disinfected.

General Services ________________________ Date __________

DO NOT REMOVE