

LABORATORY CLOSEOUT CHECKLIST

Northwestern University ❖ Vice President for Research ❖ Chemical and Biological Safety Committee ❖ Office of Research Safety

LABORATORY INFORMATION

Laboratory to be closed out: Building _____ Room(s) _____
Date laboratory will be vacated: _____
Principal Investigator (please print): _____ Department: _____

CHECKLIST

	√	N/A	Initials
Chemicals			
Identify all chemicals for disposal	○	○	_____
Label all containers with full chemical name(s)	○	○	_____
Submit <i>Surplus Chemical Collection Form</i> (Blue Sheet) 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 Office of Research Safety (ORS) for proper procedure	○	○	_____
If chemicals are in the inventory system, update records to include disposal information or reflect transfer to another laboratory	○	○	_____
Controlled Substances			
Contact department chair at CCM regarding status of permit	○	○	_____
Gas Cylinders			
Return to supplier or University Services Department, if appropriate	○	○	_____
Identify contents of cylinder(s) even if “empty”	○	○	_____
Submit <i>Surplus Chemical Collection Form</i> , if needed	○	○	_____
Animal and Human Tissue			
Dispose of tissue, call ORS for advice, if needed	○	○	_____
Dispose of any chemical preservative through ORS	○	○	_____
Clean refrigerators/freezers	○	○	_____
Transfer responsibility to: _____	○	○	_____
Microorganisms and Cultures			
Place waste in biohazard bag	○	○	_____
Autoclave waste then overbag	○	○	_____
Clean all equipment used with above waste	○	○	_____
Transfer responsibility to: _____	○	○	_____
Radioactive Materials			
Package all surplus and waste radionuclides in approved and labeled waste containers	○	○	_____
Complete rad waste cards and attach to containers	○	○	_____
Call ORS to arrange for pickup	○	○	_____
Perform contamination survey, decontaminate and re-survey if necessary	○	○	_____
Schedule closeout survey with ORS	○	○	_____

Arrange for a responsible person to be present	0	0	
Remove all rad signs, stickers, postings, etc.	0	0	
Transfer inventory to: _____	0	0	
Prepare rad materials for shipment to new location	0	0	
Return dosimeters and holders (if the authorization is being terminated)	0	0	
Provide CUFS number to pay dosimeter bill (if the authorization is being terminated)	0	0	
Reassign radiation workers, if necessary	0	0	
Return irradiator keys, if issued	0	0	

Mixed Hazards

Identify any mixed hazards, call ORS for guidance, if necessary	0	0	
Submit <i>Surplus Chemical Collection Form</i>	0	0	

Equipment and Lab Furniture

Clean or decontaminate any equipment or furniture to be left in lab	0	0	
Call ORS for disposal information regarding contaminated equipment or furniture	0	0	
Identify any equipment containing PCBs to ORS	0	0	

Shared Storage Areas

Check all shared areas for hazardous materials	0	0	
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Lab Inspection

Voluntarily request an exit inspection by ORS	0	0	
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DEPARTMENT CLEARANCE

Principal Investigator's Agreement

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

Principal Investigator'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/Designate's Signature

Date

Office of Research Safety

Please return a copy of this form to ORS.

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