

Checklist for Vacating Laboratories

University of Maryland

Laboratory Information

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

When vacating a laboratory, the PI must either move, discard or transfer responsibility for all potentially hazardous materials.

CHECKLIST

	✓	N/A
Chemicals/Gas Cylinders		
If transferring usable chemicals/gases to another lab, <u>contact DES</u> for procedure	<input type="checkbox"/>	<input type="checkbox"/>
Return gas cylinders to supplier	<input type="checkbox"/>	<input type="checkbox"/>
Label all gas cylinders that cannot be returned to supplier with UM Hazardous Waste Tags	<input type="checkbox"/>	<input type="checkbox"/>
Insure all waste chemicals are in sealed, compatible containers	<input type="checkbox"/>	<input type="checkbox"/>
<u>Contact DES</u> for information concerning packaging chemically-contaminated materials	<input type="checkbox"/>	<input type="checkbox"/>
Identify all waste chemicals with full chemical name(s) using UM Hazardous Waste Tags	<input type="checkbox"/>	<input type="checkbox"/>
Submit <u>Hazardous Waste Removal Request Form</u> via the Internet	<input type="checkbox"/>	<input type="checkbox"/>
<u>Contact DES</u> if unknown chemicals/gases are present	<input type="checkbox"/>	<input type="checkbox"/>
Confirm that all chemical/gases have been removed from lab and support spaces	<input type="checkbox"/>	<input type="checkbox"/>
Clean all laboratory surfaces including hoods and storage cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Transfer responsibility to: _____		
Controlled Substances		
Contact DEA for disposal and permit transfer/deactivation instructions	<input type="checkbox"/>	<input type="checkbox"/>
Microorganisms, Cultures, Recombinant Organisms		
<u>Autoclave</u> all cultures and solid, non-sharp biological waste and place in building dumpster	<input type="checkbox"/>	<input type="checkbox"/>
If autoclave not available, place in incinerator box and <u>request pickup</u> from DES	<input type="checkbox"/>	<input type="checkbox"/>
Add bleach to liquid waste to final concentration of 10%, then pour down drain	<input type="checkbox"/>	<input type="checkbox"/>
Place needles and syringes in sharps containers and <u>request pickup</u> from DES	<input type="checkbox"/>	<input type="checkbox"/>
Disinfect benches and equipment used with cultures	<input type="checkbox"/>	<input type="checkbox"/>
<u>Contact DES</u> to schedule formaldehyde decontamination of biological safety cabinets	<input type="checkbox"/>	<input type="checkbox"/>
If cultures are shipped to another facility, all <u>shipping regulations</u> must be followed	<input type="checkbox"/>	<input type="checkbox"/>
Cultures to be moved within campus must be transported in a <u>primary and secondary container</u>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>
Animal and Human Tissue		
Place animal carcasses/tissue in plastic bag, call CARF (5-4921) for pickup	<input type="checkbox"/>	<input type="checkbox"/>
Place human tissue in plastic bag, then in incinerator box, <u>request pickup</u> by DES	<input type="checkbox"/>	<input type="checkbox"/>
Separate preserved tissue from liquid, place tissue in incinerator box	<input type="checkbox"/>	<input type="checkbox"/>
Dispose of liquid preservative as chemical waste	<input type="checkbox"/>	<input type="checkbox"/>

	✓	N/A
Radioactive Materials		
Package all materials in approved and labeled waste containers	<input type="checkbox"/>	<input type="checkbox"/>
Complete radioactive waste cards and attach to containers	<input type="checkbox"/>	<input type="checkbox"/>
Submit <u>Low-Level Radioactive Waste Pickup Request Form</u> to request removal of radioactive waste	<input type="checkbox"/>	<input type="checkbox"/>
Perform contamination survey, decontaminate and re-survey if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Schedule closeout survey with the <u>Radiation Safety Office</u>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for a responsible person to be present during survey	<input type="checkbox"/>	<input type="checkbox"/>
Remove all radiation signs, stickers, postings, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Return all inventory cards to Radiation Safety Office	<input type="checkbox"/>	<input type="checkbox"/>
Transfer inventory to: _____	<input type="checkbox"/>	<input type="checkbox"/>
Equipment and Lab Furniture		
Clean or decontaminate equipment or furniture to be left in lab, including fume hoods	<input type="checkbox"/>	<input type="checkbox"/>
Label non-working equipment with operational deficiency	<input type="checkbox"/>	<input type="checkbox"/>
<u>Contact DES</u> for information regarding contaminated equipment	<input type="checkbox"/>	<input type="checkbox"/>
Shared Storage Areas		
Check all shared areas for hazardous materials	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Hazards		
If mixed hazards are identified, <u>contact DES</u> for guidance	<input type="checkbox"/>	<input type="checkbox"/>
Lab Inspection		
<u>Request exit inspection</u> by DES	<input type="checkbox"/>	

Department Clearance

Principal Investigator's Agreement
 I certify that my staff and I have adequately cleaned and decontaminated the laboratories under my supervision

Principal Investigator's signature
Date

Department Chair
 I am aware of the status of the lab(s) being vacated

Department Chair/Unit Director signature
Date

DES Clearance

Lab has been cleared of biological material _____

Lab has been cleared of chemicals _____

Lab has been cleared of radioactivity _____

Signature
Date

Department of Environmental Safety
 Please return a copy of this form to DES

12/00