# Laboratory Close-Out Certification

(Prior to Close-out Survey)

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| --- | --- | --- | --- | --- | --- | --- |
| Department: |  | | | | | |
| Lab Location: | Bldg: | |  | | Rooms(s) |  |
| Contact for Lab/Dept: | | |  | | | |
| Phone Number: | |  | | | | |
| Date Ready for Final Survey: | | | |  | | |

## In preparation to vacate the above lab(s), I certify that:

* All biological materials have been transferred to my new lab, another UI investigator or appropriately disposed of.
* Any biological safety cabinets (BSC) in my lab(s) have been evaluated by EHS Biological Safety personnel and decontamination protocols were followed.
* All chemicals have been transferred to another researcher, moved to a new location, or have been identified and removed by EHS waste staff. EHS has been notified of chemicals transferred to other UI owners or moved to a new UI location.
* All radioactive materials have been identified, transferred to another PI, moved to a new location, or turned over to EHS waste staff for disposal.
* All radioactive sources have been removed from equipment prior to disposal.
* All remaining surfaces in the lab(s) have been disinfected, cleaned or decontaminated to assure that no biological, chemical or radioactive contamination remains.
* All sharps have been removed from the lab.
* No lead shielding remains.
* DEA controlled substances have been properly disposed of.
* No compressed gas cylinders or liquefied gases remain in the lab.
* EHS has been notified about any fume hood in which perchloric acid was ever used.
* All hazardous materials (biological, chemicals and radioactive materials), **including any located or stored in shared spaces/equipment** that are transferred to a site other than UI and /or transported on public highways have been packaged, labeled, documented, and shipped by trained personnel and in accordance with U.S. Department of Transportation and other applicable regulations, and EHS has been notified of the transfer.

## Signatures:

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Principal Investigator Date Phone #

Department/Lab Representative Date Phone #

EHS Staff accepting this certification Date Phone #