**Laboratory Close-Out Notification**

Complete three months (*or as early as possible*) prior to your move

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department |  | | | | | |  | | | | | |
| Lab Location: | | Building | |  | | Room: | | | | |  | |
| Contact for Lab/Dept: | | |  | | | | | |  | | | |
| Phone # | |  | | | | | |  | | | | |
| Principal Investigator (PI): | | | |  | | | | | |  | | |
| Phone # | |  | | | | | | | |  | | |
| Date estimated for moving out of lab | | | | |  | | | | | | |  |

Reason for Lab Close-Out:  Leaving UI  Moving within UI Other

*Regarding this lab*:

* Were radioactive materials (RAM) used?  Yes  No If yes, see the following bullets:
* Will you dispose of/move equipment that either stored or was used with RAM?  Yes  No
* Will you need to ship any RAM to another location?  Yes  No
* Do you have a survey meter that will either be transferred to another UI lab or take with you?  
    Yes  No
* Will you dispose of or move any of the following? Check all that apply.  
    laser  X-ray machine  lead shielding  liquid scintillation counter

* Are freezers and/or refrigerators present?  Yes  No If yes, they will need to be cleaned out and disinfected prior to being moved or sent to Surplus Stores.
* Will biological safety cabinets (BSC, also called laminar flow tissue culture hoods) be moved?

Yes  No; if yes, BSCs require decontamination prior to being moved.

* Were chemicals used?  Yes  No
* All chemicals must be removed by the lab personnel or by EHS waste staff.
* Be sure to let EHS chemical safety staff know about chemicals that are transferred to another owner or location so chemical inventories are accurate, especially related to DHS COIs.
* If you have any unknown chemicals or high hazard materials, such as peroxidized ethers or violently reactive chemicals, special handling may be required and you may be charged for identification, stabilization and disposal of such substances.
* Are DEA controlled substances present?  Yes  No
* Will you transfer any active recombinant DNA protocols/research?  Yes  No
* Will you have radioactive sources and/or waste for disposal?  Yes  No
* Will there be chemical waste for disposal?  Yes  No
* Do you share space or equipment with another PI?  Yes  No   
   If yes, ID space/equipment location:

I have reviewed and understand the University of Iowa’s Laboratory Close-Out Procedures, including the Laboratory Close-Out Checklist.

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| --- | --- | --- | --- | --- | --- | --- |
| Principle Investigator Signature |  | | Date |  | Phone |  |
| PI Name: (Printed) |  |  | | | | |
| Dept. Representative Signature |  | | Date |  | Phone: |  |