

## Departmental Lab Close Out Plan for \_\_\_\_\_

Principal Investigator:	Department:
Laboratory Location (Building):	Room Number(s)(include shared spaces):
Laboratory Close-Out Date (Last day principal investigator will be on-site):	

**The purpose of this checklist is to assist faculty in safely removing hazardous substances from a laboratory and confirming that the area is free from contamination.**

(Please initial below)

<b>Chemicals</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Refrigerators, areas under sinks, fume hoods, cabinets and shelves, and bench tops have been checked for chemical storage (include shared spaces).			
All chemicals, specimens and containers have been fully labeled and discarded or transferred to the new owner.			
Refrigerators have been emptied, defrosted and cleaned.			
Are there chemicals that require disposal or transfer to RECY-CHEM? If yes, refer to the Chem. Hygiene Plan (CHP) for instructions and contact Environmental Health & Safety (EH&S) for pick-up.			
Will any chemicals be transferred to another investigator? If yes, make sure chemicals are stored in the proper containers and labeled properly. Transfer Material Safety Data Sheets (MSDSs) with chemicals.			
Storage areas are clean: chemical residues, drips and spills are decontaminated and cleaned.			
Disposable liners/covers removed from work surfaces.			
Bench tops washed with soap and water.			
All debris removed from fume hood; all surfaces washed with soap and water.			
Are there chemicals to be transferred to another location? If yes, refer to the CHP for transport information.			
All keys, including keys to locked cabinets have been returned.			
<b>Controlled Substances</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
All storage areas free of controlled substances.			
Are there controlled substances to be disposed? If yes, refer to the CHP for instructions and contact EH&S for pick-up.			
Will any controlled substances be transferred to another investigator? <b>Please note:</b> Permission to transfer ownership of any controlled substances must be obtained from US Drug Enforcement Agency.			
Are there controlled substances to be transported to another location? <b>Please note:</b> Abandonment of any controlled substance is in violation of the DEA permit under which it is held.			
<b>Compressed Gas Cylinders</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Cylinders are properly labeled, including if empty.			
Cylinders are disconnected and caps are replaced.			
Empty cylinders are returned to vendors.			
Will any compressed gas cylinders to be transferred to another investigator? (Brody, Warren, Family Practice, Pediatrics, notify Medical Storeroom. All others notify vendor.)			
Have all standing gas orders been terminated? (Brody, Warren, Family Practice, Pediatrics, notify Medical Storeroom. All others notify vendor.)			
Will any compressed gas cylinders be transported to another location? See the ECU Compressed Gas Policy <a href="http://www.ecu.edu/business_manual/EHS_Policy5.htm">http://www.ecu.edu/business_manual/EHS_Policy5.htm</a>			
<b>Radioactive Materials</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Radioactive waste must be labeled with a radioactive waste tag.			
All radioactive material properly removed from the laboratory. Call 744-DUMP for removal of transfer of radioactive material. <b>Please note:</b> No radioactive material may be transferred to another investigator; Prospective Health must pick up any unused material.			
Laboratory has been surveyed by Prospective Health. Possible areas of contamination: refrigerators, freezers, centrifuges, water baths, hoods, sinks, floors, and waste containers.			
Drain tags removed from drains.			
Radiation warning signs and labels removed from doors, hoods, and benches.			

<b>Biological Materials</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Work surfaces and storage areas decontaminated.			
Biological Safety Cabinets decontaminated.			
All (disinfected) sharps placed in puncture proof containers for disposal.			
Unwanted biological agents are autoclaved and disposed of in appropriate containers.			
All waste is clearly labeled and Prospective health is contacted for disposal.			
Are there biological materials that need to be transferred to another location? If yes, contact Prospective Health for transport information.			
All media, specimens and supplies are properly labeled and transferred to another investigator or appropriately discarded.			
<b>Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
All equipment disinfected and decontaminated. Contact Prospective Health for biological and/or radioactive contaminated equipment.			
Is there equipment to be transferred to another investigator or surplus property? If yes, contact the University Property Office for information. ( <a href="#">See Surplus Property Policy</a> )			
Is any equipment connected to permanent building systems being removed for transfer with the exiting investigator? If yes, contact Facilities Services.			
Is all broken glass has been placed in a rigid puncture resistant container and sealed for disposal by Housekeeping?			
<b>Records</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
A copy of the last current lab inventory has been provided to the department chair.			
A copy of the current lab drain log has been provided to the department chair.			
A copy of the current lab self-inspection records has been provided to the department chair.			
A final lab inspection has been requested through EH&S. ( <i>For use when faculty vacate a lab only. Lab managers should provide final inspection for graduate students &amp; lab staff.</i> )			

<b>Additional ECU Information Sources:</b>	
Chemical Hygiene Plan	<a href="#">Chemical Hygiene Plan</a>
Laboratory Safety Page	<a href="#">Laboratory Safety</a>
New Lab Set Up Page	<a href="#">New Lab Setup</a>
Hazardous Waste Management Page	<a href="#">Hazardous Waste Management</a>
Biological Safety Page	<a href="#">Biological Safety</a>
Radiation Safety Page	<a href="#">Radiation Safety</a>

**I have, to the best of my knowledge, complied with the requirements of the ECU Laboratory Close-Out Plan and am not aware of any other items or special circumstances that are not listed on this form.**

Principle Investigator - \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

New Principle Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**Inspection result: (Signatures will be affixed when satisfactory inspection is obtained)**

Lab Safety Officer: \_\_\_\_\_  Complete  Re-inspection

Biological Safety Officer: \_\_\_\_\_  Complete  Re-inspection

Radiation Safety Officer: \_\_\_\_\_  Complete  Re-inspection