

**Lab Closeout and Relocation Checklist**

□Permanent Lab Closeout □Lab Relocation

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| **PI Name** |  |
| **Lab Contact Name** |  |
| **Current Lab Location**  **Building and Room Numbers** |  |
| **New Lab Location**  **Building and Room Numbers**  (if relocating within Duke) |  |
| **Business Manager/Lab Space Coordinator** |  |

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| **Biological Hazards** | | | |
| 1. | All biological materials (e.g. blood, fresh tissue, bacterial cultures) have been removed from the laboratory by disposal according to Institutional policy, by shipping to another facility while conforming to the approved shipping regulations, or by transferring to another PI. This includes those materials stored in refrigerators, freezers, incubators and cold rooms. | | Yes  No  N/A |
| 2. | All equipment which has come in contact with potentially infectious materials must be properly decontaminated and labeled with the “[Laboratory Equipment Statement of Hazard Assessment](https://www.safety.duke.edu/sites/default/files/LabEquipmentHazAssessment.pdf)  ***\*For decon of BSCs, the OESO shall determine the appropriate decontamination method for all biological safety cabinets. If formaldehyde gas decontamination is deemed necessary, the departing PI will be financially responsible.*** | | Yes  No  N/A |
| 3. | All biological waste has been decontaminated and disposed of appropriately (autoclave, etc.). | | Yes  No  N/A |
| 4. | All benchtops or other work surfaces on which biological materials were manipulated have been wiped down with an approved disinfectant. | | Yes  No  N/A |
| **Boxes marked as ‘No’, explain here:** | |  | |
| **Chemical Hazards** | | | |
| 5. | All chemical containers have been labeled with the chemical name or a best description of the compound and hazard warning. | | Yes  No  N/A |
| 6. | All chemicals not transferred to another Duke laboratory have been submitted as chemical waste. ***Contact OESO-Environmental Programs (919-684-2794) to discuss disposal options.*** | | Yes  No  N/A |
| 7. | Chemicals being shipped or transferred to another facility have been packaged and labeled according to approved regulations. | | Yes  No  N/A |
| 8. | All benchtops and equipment (including fume hoods) have been cleaned of visible contamination using a compatible cleaning method (e.g. detergent/water solution, ethanol, etc.). | | Yes  No  N/A |
| 9. | All equipment which has come in contact with hazardous chemicals has been properly decontaminated and labeled with the “[Laboratory Equipment Statement of Hazard Assessment](https://www.safety.duke.edu/sites/default/files/LabEquipmentHazAssessment.pdf)”. | | Yes  No  N/A |
| 10. | Compressed gas cylinders have been returned to their supplier (e.g. National Welders).  \*Cylinders owned by the PI (e.g. lecture cylinders) may be submitted to the OESO-Environmental Programs for proper disposal. | | Yes  No  N/A |
| **Boxes marked as ‘No’, explain here:** | |  | |
| **Radiation Hazards** | | | |
| 11. | The Radiation Safety Officer has been notified at 919-684-2194 of intention to terminate authorization. | | Yes  No  N/A |
| 12. | Disposal of all radioactive materials has been done by one of the following methods:  • Materials have been transferred to another authorized user while complying with all license restrictions of that user.  \**Approval from the Radiation Safety Officer is required prior to radioactive material transfer.*  • Materials have been disposed of through the OESO-Environmental Programs Division.  • Materials have been shipped to a non-Duke licensee while conforming to all applicable shipping regulations.  \**Radioactive materials will be prepared for shipment by the Radiation Safety Division.* ***Note:******There will be notification/acceptance requirements at the new facility.*** | | Yes  No  N/A |
| 13. | A thorough radiation contamination survey of the laboratory has been performed, including equipment, to determine if allowable contamination levels are achieved.  \**Those areas found to exceed the allowable limits must be decontaminated and resurveyed until within allowable limits*. Once this is complete, any equipment must then be labeled with the “[Laboratory Equipment Statement of Hazard Assessment](https://www.safety.duke.edu/sites/default/files/LabEquipmentHazAssessment.pdf)”. | | Yes  No  N/A |
| 14. | The X-ray Program lead has been notified at 919-684-2194 of intention to terminate use of X-ray producing devices. | | Yes  No  N/A |
| 15. | All X-ray producing devices have been made inactive before sending to surplus. | | Yes  No  N/A |
| 16. | The Laser Safety Manager (LSM) has been notified at 919-684-2194 of intention to terminate use of lasers. \*The LSM will provide information or assistance with proper disposal of lasers. | | Yes  No  N/A |
| **Boxes marked as ‘No’, explain here:** | |  | |
| **Required: Insert photos of vacated lab space here or email to** [**labsafety@duke.edu**](mailto:labsafety@duke.edu)**.** | | | |

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| **Additional Comments:** |

Email document and attached photos to [labsafety@duke.edu](mailto:labsafety@duke.edu).