

## Lab Decommissioning

To facilitate communication and ensure that all hazards have been removed, principal investigators or their designates are required to complete the attached Laboratory Decommissioning Form..

Principal investigators are responsible for ensuring that they leave areas that are ready to be occupied by others or they will be required to pay for the personnel that would be needed to clear and clean the space.

Laboratory Supervisors/Users must ensure the lab is left in a safe condition. The following actions may be required:

- Laboratory equipment and materials must be removed – unless arrangements have been made for others to take over.
- Any hazardous residuals must be cleaned from all working surfaces
- Ensure all sharps, broken glass and hazardous wastes are disposed of appropriately by laboratory personnel.
- Ensure that the laboratory has been inspected by the chair of the safety committee.

In Licensed Radioisotope Laboratories, conduct wipe tests on all relevant surfaces and forward results to the Radiation Safety Office to obtain authorization. Please follow the procedures for disposal of radioactive waste as per radiation safety handbook.

## LABORATORY DECOMMISSIONING FORM

Building-	Laboratory Room Number-
Laboratory Supervisor	
Department:	
<b>Historical Record:</b>	
<b>Possible Hazards:</b> (Note if these items have been in use in the lab)	
Asbestos	Radiation
BioHazards	Magnetic Fields (large)
Lasers	Lab Chemical
<b>Laboratory Supervisor must:</b>	
Provide documented verification that the work surfaces are cleaned and free of residual biohazards or chemical contamination by completing this form	
If there is a fume hood in the laboratory please attach a list of the main purpose of the lab and any hazardous chemicals that would leave residue in the hood or pipe.	
Provide written authorization from the Radiation Safety Office that the laboratory is free of radiation hazards. Attach HSE Radiation Safety Office authorization to this form.	
Arrange for the removal of all chemicals and hazardous products from the work area.	
Arrange for the removal or reallocation of equipment	
<b>The undersigned laboratory user/supervisor hereby verifies that the laboratory is free of biohazardous, chemical or radiation contamination and that all other hazards are appropriately controlled.</b>	
<b>Name</b>	<b>Position</b>
<b>Signature</b>	<b>Date</b>

Please retain a copy for your records and forward the original to the Chair of the Safety Committee, Helen Dyck.