

University of Hawai‘i at Mānoa Laboratory Decommissioning Checklist

Principal Investigator:	Department:
Department Head/Chair:	Building:
Room Number:	Laboratory Closeout Date:

The purpose of this checklist is to assist Principal Investigators in safely removing hazardous materials from a laboratory and confirming that the area is free from contamination.

Chemicals	Yes	No	N/A
Refrigerators, areas under sinks, fume hoods, cabinets and shelves, and bench tops have been checked for storage of hazardous materials (including shared spaces).			
All chemical containers have been labeled and ready for disposal, transfer, or recycling in accordance with the University of Hawai‘i Hazardous Materials Management & Disposal Guidelines.			
Refrigerators have been emptied, defrosted, and cleaned.			
Storage areas have been cleaned: chemical residues, drips, and spills are appropriately decontaminated and cleaned up.			
All bench tops have had disposable liners/covers removed from the work surface and surfaces have been cleaned.			
All keys to lockable chemical storage cabinets have been returned to the department.			
Controlled Substances	Yes	No	N/A
All storage areas are free of controlled substances.			
All controlled substances have been disposed of or transferred according to U.S. Drug Enforcement Agency regulations and requirements.			

Compressed Gas Cylinders	Yes	No	N/A
Cylinders have been properly labeled and secured.			
Cylinders not in use have been disconnected and capped.			
Arrangements have been made for returning empty cylinders to vendors.			
All cylinders have been labeled and ready for disposal, transfer, or recycling in accordance with the University of Hawaii Hazardous Materials Management and Disposal Guidelines.			
Radioactive Materials	Yes	No	N/A
Radioactive waste materials have been handled in accordance with the University of Hawaii Radioactive Waste Disposal Procedures.			
The removal of radioactive materials and termination surveys has been coordinated with the Radiation Safety Officer in accordance with the guidelines in the University of Hawaii Radiation Safety Manual.			
Biological Materials	Yes	No	N/A
All work surfaces and storage areas, including walk-in coolers, freezers, refrigerators and incubators, have been decontaminated.			
All inside working surfaces of the biological safety cabinets have been decontaminated.			
Certification of the biological safety cabinet is current.			
Arrangements have been made for the decontamination and replacement of the HEPA filter in the biological safety cabinet, if required.			
All sharps have been properly disinfected and placed in puncture resistant containers for disposal.			
All biological waste has been autoclaved and properly disposed of.			
Are there biological materials that need to be transferred to another location? If yes, contact Environmental Health and Safety Office for transport information.			
Has the Responsible Official (Research Office) been contacted to advise that experiments using a Select Agents and/or Toxins will be terminated and the Select Agents and/or Toxins will be destroyed?			
Equipment	Yes	No	N/A
All equipment has been disinfected and decontaminated.			
Is any equipment going to be transferred to surplus? If yes, then equipment must be inspected by EHSO prior to transfer to surplus.			
Is any equipment connected to permanent building systems being removed for transfer with the exiting investigator? If yes, contact Facilities Management.			
Has all broken glass been placed in a rigid, puncture resistant container and sealed in preparation for disposal by Buildings and Grounds Services?			

Records	Yes	No	N/A
Has a copy of the last current lab/chemical inventory been provided to the department head?			

I have, to the best of my knowledge, complied with the requirements of the University of Hawai'i at Mānoa Laboratory Decommissioning Checklist and am not aware of any other items or special circumstances that are not listed on this form.

Principal Investigator: _____

Date: _____

Department Chair: _____

Date: _____

Final Inspection Sign-Off

Laboratory Safety Officer: _____

Date: _____

Biological Safety Officer: _____

Date: _____

Radiation Safety Officer: _____

Date: _____