

LABORATORY/STUDIO CLOSE-OUT CERTIFICATION

This close-out certification must be completed by the **Principal Investigator** (for studios, the **Faculty Member** in charge of the studio) at the completion of close-out procedures when the lab/studio is ready for final inspection. It should be forwarded to the **Office of Environmental Health & Safety**, c/o the **Chemical Safety Manager**, with copies provided to the Department Head. OEHS will contact the Principal Investigator and arrange to have the final inspection conducted on the date/time indicated below.

Department responsible for lab(studio) being vacated: Department Head:										
Location of Close-out Lab (Studio): Campus: Building: Room no:	Date/time lab (studio) will be ready for final close-out inspection by OEHS: Date: ____/____/____ Time:									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Principal Investigator: _____</td> <td style="width: 25%; border: none;">Phone: _____</td> <td style="width: 25%; border: none;">E-mail: _____</td> </tr> <tr> <td style="border: none;">Faculty Member in Charge (Studio) _____</td> <td style="border: none;">Phone: _____</td> <td style="border: none;">E-mail: _____</td> </tr> <tr> <td style="border: none;">Departmental Safety Representative: _____</td> <td style="border: none;">Phone: _____</td> <td style="border: none;">E-mail: _____</td> </tr> </table>		Principal Investigator: _____	Phone: _____	E-mail: _____	Faculty Member in Charge (Studio) _____	Phone: _____	E-mail: _____	Departmental Safety Representative: _____	Phone: _____	E-mail: _____
Principal Investigator: _____	Phone: _____	E-mail: _____								
Faculty Member in Charge (Studio) _____	Phone: _____	E-mail: _____								
Departmental Safety Representative: _____	Phone: _____	E-mail: _____								
<p style="text-align: center;">In preparations to close-out and vacate the above indicated lab (studio), I hereby certify that:</p> <ol style="list-style-type: none"> 1. All biological materials have been removed from the lab. 2. Any biological safety cabinets/fume hoods have been evaluated by OEHS and suggested decontamination protocols have been followed whether or not the cabinets were moved. 3. All radioactive materials have been removed, transferred to another principal investigator or turned over to the OEHS Radiation Safety Officer for disposal. 4. All chemicals that have been identified for disposal have been tagged and turned over to the OEHS Hazardous Waste Supervisor. All other chemicals have been removed from the lab (studio). 5. All remaining surfaces in the lab (studio) (e.g., walls, floors, workbenches, inside drawers and cabinets) have been disinfected, cleaned or decontaminated to ensure that no biological, chemical, or radioactive contamination remains. 6. All equipment with internal radioactive sources have been transferred to other radiation laboratories or the sources have been removed so that the equipment may be discarded. 7. All sharps have been removed from the lab (studio). 8. No lead shielding remains. 9. No compressed gas cylinders or liquified gases remain in the lab (studio). <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Principal Investigator (Laboratory) Faculty Member in Charge(Studio) </td> <td style="width: 50%; border: none;"> _____ Date </td> </tr> </table>		_____ Principal Investigator (Laboratory) Faculty Member in Charge(Studio)	_____ Date							
_____ Principal Investigator (Laboratory) Faculty Member in Charge(Studio)	_____ Date									

FINAL INSPECTION CERTIFICATION

I hereby certify that the above lab (studio) has been inspected and is ready for renovation/occupancy.

OEHS Representative

Date