**Laboratory Decommissioning Check-List**

Please complete this form where a laboratory is to be decommissioned prior to major upgrade/renovation (either as upgraded laboratory facilities or for conversion to other uses, such as office space)

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| **Location Details** |
| **Department:** | **Building:** | **Room:** |
| **Current Laboratory Designations:** |
| [ ] **HSNO Exempt** [ ] **Radionuclide Laboratory** [ ] **X-Ray Laboratory** [ ] **Laser Laboratory**[ ] **PC2 Clinical** [ ] **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Is the laboratory part of a MPI registered containment/transitional facility?** [ ] **NO** [ ] **YES*****If yes please complete details below:*****PC Level:** [ ] **PC1** [ ] **PC2** [ ] **PC3****PC Type:** [ ] **Microbiological** [ ] **Animal** [ ] **Plant** [ ] **Invertebrate** [ ] **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **A:**  | **Equipment/General** | **YES** | **NO** | **n/a** |
| A1 | Any refrigerators/freezers remaining in laboratory have been emptied, defrosted and cleaned. |  |  |  |
| A2 | All sharps and sharps waste containers have been removed from laboratory (e.g. needles, scalpels, broken glass). |  |  |  |
| A3 | All benches have been wiped and cleaned (including removing any benchcote or other disposable coverings). |  |  |  |
| A4 | All sinks have been cleaned and flushed with cold water for a minimum of 2 minutes |  |  |  |
| A5 | All personal protective equipment and clothing has been removed from laboratory |  |  |  |
| A6 | Any items left in laboratory (e.g. for movers to remove) are free of contamination and non-hazardous (note: movers are not permitted to move chemicals, biohazards or radioactive materials). |  |  |  |
| **B:** | **Hazardous Substances (Chemical hazards)** | **YES** | **NO** | **n/a** |
| B1 | All containers of hazardous substances/chemicals have been removed from the laboratory.  |  |  |  |
| B2 | All surfaces where chemicals were used or stored (benches, shelves, cabinets) have been checked and cleaned and are free of visible chemical residue (powder, liquids). |  |  |  |
| B3 | Chemical fume hoods have been emptied of contents and cleaned. |  |  |  |
| B4 | Compressed gas cylinders have been removed from the laboratory (either to suitable alternative storage or returned to BOC). |  |  |  |
| B5 | Were any chemical fume hoods/other local exhaust ventilation systems routinely used for procedures involving concentrated **Perchloric acid** or **Hydrofluoric aci**d? (If Yes, the Laboratory Safety Advisor will need to complete a risk assessment). |  |  |  |
| **C:** | **Containment/Transitional Facilities** | **YES** | **NO** | **n/a** |
| C2 | The Sector Manager and Biological Compliance Officer have been notified that the laboratory is to be decommissioned |  |  |  |
| C3 | All New Organisms or Imported Risk Goods (Uncleared Biologicals) have been destroyed or transferred to another location and any appropriate registers updated/transfer approvals obtained |  |  |  |
| C4 | Work surfaces and equipment where New Organisms/Uncleared Biological were stored or used have been decontaminated (e.g. benches, refrigerators, freezers, incubators, cupboards, water baths) |  |  |  |
| C5 | Interior work-surfaces of any biological safety cabinets have been decontaminated. |  |  |  |
| C6 | All biohazard waste containers have been removed from the laboratory |  |  |  |

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| **D:** | **Ionizing Radiation Sources (Radiation Licensee to complete)** | **YES** | **NO** | **n/a** |
| E1 | Were any sources of ionizing radiation (e.g. unsealed radionuclides, sealed radiation sources, ionizing radiation equipment (e.g. X-ray) used in the laboratory?*If yes, please detail below:* |  |  |  |
| E3 | Have all radiation sources been removed from the laboratory? (e.g. containers or radionuclides, X-ray equipment, sealed sources) |  |  |  |
| E4 | Have all radiation warning stickers and tape been removed from the laboratory. |  |  |  |
| E5 | Have final checks been performed to verify that work areas where unsealed radiation sources were in use are free of contamination? |  |  |  |

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| NOTES: |

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| The following attest that the identified laboratory has been cleaned, all hazardous materials and equipment removed and that it is now safe for Property Services/Contractor personnel to proceed with demolition. |
| Laboratory Supervisor/PI (in relation to all sections) |
| Name: | Signature: | Date: |
| Departmental Laboratory Manager (in relation to Parts A, B and D) |
| DLM Name: | Signature: | Date |
| Radiation Licensee (in relation to Section E) or [ ]  Not applicable |
| Licensee Name: | Signature: | Date: |
| Sector Manager (in relation to Section C) or [ ]  Not applicable |
| Sector Manager Name: | Signature: | Date: |

The completed signed form must be forwarded to the Laboratory Health and Safety Advisor (Health and Safety Office), who will check and arrange final Health and Safety Office Approval.

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| **Health and Safety Office Approval** |
| Biological Compliance Officer: |
| Name: | Signature: | Date: |
| Radiation Safety Advisor: |
| Name: | Signature: | Date: |
| Laboratory Health and Safety Advisor: |
| Name: | Signature: | Date: |