



### Laboratory Decommissioning Checklist

**Reason for the decommissioning** (Example: PI is moving, retiring, or certain hazards no longer done, replacing old for new equipment, etc.)

**Please specify** \_\_\_\_\_

**Type of Decommissioning**

Complete

Partial, please specify \_\_\_\_\_

i.e. fume hood, storage cabinet, floor, lab bench, radiation etc.

**General Information**

Name of PI \_\_\_\_\_ Date \_\_\_\_\_  
 Department \_\_\_\_\_ Telephone \_\_\_\_\_  
 Lab Name \_\_\_\_\_  
 Building \_\_\_\_\_ Room No. \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_  
 myLab account: \_\_\_\_\_ PI# \_\_\_\_\_  
 Chemical Permit # \_\_\_\_\_  
 Radiation Permit # \_\_\_\_\_ CNSC Basic Intermediate High  
 Biohazard Permit #: \_\_\_\_\_ Containment level: 1 2 2+ 3  
 Laser Permit # \_\_\_\_\_

**General Chemical Decommissioning**

<i>Requirement</i>	<b>Required (Y/N)</b>	<b>Date completed</b>	<b>EHS officer review</b>
<i>Arrange for disposal of hazardous wastes and unwanted/old chemicals</i>			
<i>Arrange to package and transport hazardous materials to new location</i>			
<i>Fume hood emptied and cleaned</i>			
<i>Identify and dispose of any controlled substances (drugs)</i>			
<i>Arrange to update MyLab inventory information (remove/transfer)</i>			
<i>Remove all hazard signage and remove/update the Laboratory Info Card</i>			

General condition of laboratory facilities (i.e. housekeeping, presence of lab equipment and their function): Completed by EHS personnel.



***Radiation Decommissioning***

<i>Requirement</i>	<b>Required (Y/N)</b>	<b>Date completed</b>	<b>Reviewed by RSO</b>
<i>Dispose of radioactive waste as per McGill HWM requirements</i>			
<i>Prepare nuclear substances for move or disposal</i>			
<i>Perform wipe tests on all surfaces, equipment, and furniture used for or in close proximity to radioactive materials and submit results to RSO.</i>			
<i>Remove all radiation warning labels, signs, internal radiation permits &amp; CNSC lab classification poster plus update/remove Lab Info Card</i>			
<i>Contact RSO to update the Internal Permit</i>			
<i>Turn over the Radiation Log Book to the RSO</i>			

Other information pertinent to the decommissioning (if applicable)

***Biosafety Decommissioning***

	<b>Required (Y/N)</b>	<b>Date completed</b>	<b>Reviewed by BSO</b>
<i>Remove biohazardous materials</i>			
<i>Decontaminate work surfaces</i>			
<i>Contact EHS Biosafety Officer to update certificate</i>			
<i>Decontaminate equipment (attach a <a href="#">certificate of decontamination</a> to the equipment)</i>			
<i>Remove all Biosafety signage and update/remove Lab Info Card</i>			

Equipment for decontamination:



***Laser Decommissioning***

	<b>Required (Y/N)</b>	<b>Date completed</b>	<b>Reviewed by LSO</b>
<i>Remove Laser for disposal, contact LSO and HWM</i>			
<i>Remove to store or donate Laser (Please explain below)</i>			
<i>Contact LSO to update/cancel the laser permit</i>			
<i>Contact EHS for termination/re-assignment eye examination</i>			
<i>Decontaminate equipment (attach a <a href="#">certificate of decontamination</a> to the equipment), and submit a copy to LSO</i>			
<i>Remove all laser safety signage and update/remove Lab Info Card</i>			

***Other information pertinent to the decommissioning (if applicable):***

***EHS Recommendations***

Partial or Complete decommissioning is completed, all items have been addressed with satisfaction, and a signed letter has been issued

Decommissioning is incomplete, items or questions # remain incomplete & require immediate attention.

Responsible EHS

Officer: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Category: EHS Radiation Safety Officer \_\_\_\_\_

(Check type) EHS Biosafety Officer \_\_\_\_\_

EHS Officer \_\_\_\_\_

EHS Laser Safety Officer \_\_\_\_\_

Other (Specify) \_\_\_\_\_



***Principal Investigator declaration***

I, \_\_\_\_\_, as the Principal Investigator/Laboratory Supervisor in charge of the laboratory (ies) at room(s) \_\_\_\_\_ in the \_\_\_\_\_ building having occupied this lab since \_\_\_\_\_. Attest to that we have vacated our lab; decontaminated work surfaces, and removed all equipment, furniture and hazardous materials from the facility. In addition, the myLab account (Chemical, Radiation, Biological & Laser Permits) was updated and/or closed.

To the best of my knowledge we have not left any hazardous materials behind and

There is no reason to believe that there are any residues or contamination that could present a danger to the renovators or future occupants of the facility.

Potential contaminants exist that are beyond our ability to decontaminate are listed below(e.g. Mercury spills or discharges into the drain that needs to be checked, Procedures involving the heating of concentrated perchloric acid solutions).

Remaining Hazards:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date