



Laboratory Decommissioning Procedures Checklist

Principal Investigator: _____

Building: _____ Room: _____

Hazardous Materials

Date Completed or N/A

Chemicals

- Evaluate all chemicals for transfer or waste disposal; ensure all chemicals have WHMIS labels _____
- Package chemicals for transfer outside of Queen’s University as per TDG Policy _____
- Transfer surplus chemicals to other Queen’s Principle Investigators _____
- Dispose of waste chemicals through the Dept. of Environmental Health and Safety (EH&S) _____
- Return gas cylinders to supplier _____
- Dispose of non-returnable gas cylinders through EH&S _____

Radioisotopes

- Inform the Radiation Safety Officer of your intended move _____
- Transfer surplus radioactive stocks or sealed sources to another authorized Permit _____
- Dispose of all waste radioactive material through EH&S _____
- Decontaminate and swipe test all areas of laboratory (attach records to this form) _____
- Remove all radioactive signage, stickers and posters in laboratory. _____

Biohazards

- Inform the Biohazard Safety Officer of your intended move _____
- Request decontamination of biosafety cabinets through EH&S _____
- Dispose of biohazardous materials (cultures, frozen stocks, tissues, etc.) by autoclaving or incineration as appropriate _____
- Dispose of preservatives through EH&S _____
- Clean and disinfect all laboratory surfaces and equipment _____
- Apply for Canadian Food Inspection Agency off-campus transport/export of biohazards _____
- Apply for Health Canada off-campus transport/export of biohazards _____

Housekeeping

- Clean and decontaminate laboratory equipment (including fumehoods) _____
- Clean and decontaminate all laboratory surfaces _____
- Ensure that no garbage, residues or debris remains in laboratory _____
- Arrange for disposal of all equipment that is to be discarded through EH&S _____



Laboratory Decommissioning Procedures Checklist

Departmental Sign-off

Department: _____

Principle Investigator:

Name: _____

Signature: _____ Date: _____

Department Head:

Name: _____

Signature: _____ Date: _____

Environmental Health and Safety Sign-off

Chemical:

Name: _____

Signature: _____ Date: _____

Radiation:

Name: _____

Signature: _____ Date: _____

Biosafety:

Name: _____

Signature: _____ Date: _____

Director:

Name: _____

Signature: _____ Date: _____

**Renovations may not begin, nor may a new researcher take possession
of the laboratory until the closeout has been approved
by the Department of Environmental Health and Safety**