

Laboratory Location (Bldg & Rm #): _____

Principle Investigator: _____

Expected
Departure
Date: _____

Individual Leaving: _____

Procedures	"C" for complete, "I" for incomplete (initial walkthrough)	"C" for complete, "I" for incomplete (final walkthrough)	COMMENTS
CHEMICALS			
Evaluated all chemicals/containers. All properly labeled, initialed, dated when received or prepared.			
"Unknown" materials have been evaluated using form found in Appendix D of Hazardous Waste Management Manual (HWMM).			
Chemical(s) remaining in active lab or to different lab, transferred to authorized individual and P.I. Notified (see MSDS section below).			
If chemical is recyclable, EHO contacted to place in Excess Chemical Exchange Program (Sec. 5.6 HWMM).			
If chemical is unwanted, EHO contacted for a Hazardous Waste Pick-up (Sec. 6.8 HWMM).			
Properly prepared (Sec.6.0 HWMM) any other chemical waste for pick-up and EHO contacted. All empty chemical containers cleaned and properly disposed.			
Removed all chemicals from shared storage areas (i.e. refrigerators, cold rooms) and properly managed.			
MATERIAL SAFETY DATA SHEETS (MSDS)			
If chemicals transferred to different lab, MSDSs accompanied materials.			
EHO notified in writing that chemicals transferred to different lab. Provided list of chemicals and new lab destination (Bldg. & Rm.#) to EHO.			
GAS CYLINDERS (Sec. 7.0 HWMM)			
Removed gas connections, replaced cylinder caps and returned to vendor or contacted EHO for disposal.			

Lecture sized gas cylinders disposed by EHO (Do not throw in trash).			
<i>SURFACE CLEANING AND/OR DECONTAMINATION: Contact EHO to review decon procedures if highly acute, reproductive or carcinogenic agents are involved.</i>			
All benchtops cleaned of surface contamination and noted on provided Surface/Equip. Decon Form.			
Interior of fume hoods and storage cabinets cleaned of surface contamination and noted on provided Surface/Equip. Decon Form.			
All other storage areas cleaned of surface contamination and noted on provided Surface/Equip. Decon Form.			
Used proper cleaning/decontamination procedures for the type of contamination and noted on provided Surface/Equip. Decon Form.			
<i>EQUIPMENT CLEANING AND/OR DECONTAMINATION</i>			
Sinks cleaned of surface contamination.			
Sinks flushed for two minutes with cold water .			
Glassware & other labware cleaned.			
Refrigerators, cold rooms, incubators, etc. cleaned of contamination. Documented on provided Surface/Equip. Decontamination Form.			
Contacted EHO for contaminated equipment to be disposed of as hazardous waste (must also be appropriately labeled, Sec. 6.5 HWMM).			
Contacted EHO for disposal of any unwanted equipment containing Mercury or PCB's (Cannot be thrown out as regular trash) i.e. thermometers, pressure devices, oil containing equipment, large capacitors.			
Used proper cleaning/decontamination procedures for the type of contamination and noted on provided Surface/Equip. Decon Form.			
<i>RADIOACTIVE SOURCES</i>			
Refer to the Radiation Safety Program (Contact x9130).			
<i>TISSUE SPECIMENS / CULTURES / BIOLOGICAL (Sec. 14.0 HWMM)</i>			
Evaluated all specimens and potentially infectious cultures or other agents to determine disposition according to HWMM (refer to Regulated Medical Waste section of HWMM).			
Specimens remaining in active lab or transferred to different lab, transferred to authorized individual and P.I. notified.			

If item is Regulated Medical Waste including waste biological specimens , EHO contacted for waste pick-up.			
Mixed chemical / biological waste will require special handling & separation of waste streams. Call EHO for assistance.			
Pharmaceutical and controlled substances disposed of through EHO. If remaining in active lab, responsibility transferred to approved individual and P.I. and EHO notified.			
Needles and syringes (sharps) disposed of as Regulated Medical Waste (not disposed of in regular trash).			
Decontamination & disinfection of equipment, work surfaces and storage areas performed and noted on provided Surface/Equip. Decon Form.			
LIST OTHER ISSUES AS NEEDED:			
Non-contaminated broken glassware disposed of in separate trash receptacles.			
Contaminated broken glassware disposed of as Hazardous Waste.			

Once the checklist has been finalized, the P.I./Supervisor should sign and date in the provided space below.

Principal Investigators Signature: _____

Date: _____