The following list is to assist graduate students, post-docs, research associates, and faculty in meeting the expectations for checking out of the research laboratory. All questions must be addressed and an individual agreeable to the transfer of responsibility must also sign this form.

Name: __________________________

Laboratory Information

Laboratory to be vacated:  Room(s):________________________________________

Principal Investigator: ___________________________ Phone __________________

Date laboratory will be vacated: __________________________________________

Check off each item, or mark NA, as appropriate.

Chemicals/Gas Cylinders

If transferring usable chemicals/gases to another building or off campus, contact DES for procedure

___ Ensure all waste chemicals are in sealed, compatible containers
___ Identify all waste chemicals with full chemical names, using UM Hazardous Waste Tags
___ Submit *Hazardous Waste Removal Request Form* via the Internet
    ___ Include all chemicals produced in the lab
    ___ Check freezers and refrigerators for purchased and produced chemicals

___ Return gas cylinders to ChemStores/Receiving
___ Label all gas cylinders that cannot be returned with UM Hazardous Waste Tags
___ Contact DES if unknown chemicals or gases are present

Transfer responsibility to:__________________________________________

Name_________________________________________ Date__________________

Signature ______________________________________
Checklist for Vacating Laboratories - Page Two

Other Hazardous Materials

Contact DES for information concerning packaging of chemically-contaminated materials.

__ Autoclave all cultures and solid, non-sharp biological waste, place in opaque trash bag and place in building trash/dumpster/compactor.

__ Place needles and syringes and other sharp objects in sharps container and request pick up from DES

__ Check common areas for hazardous materials

Radioactive Materials

__ Contact Radiation Safety Office if planning to transfer radioactive materials to another lab
__ Package all radioactive materials in approved and labeled waste containers
__ Complete radioactive waste cards and attach to containers
__ Submit Low-Level Radioactive Waste Pickup Request Form to request removal of radioactive waste
__ Schedule closeout survey with the Radiation Safety Office which will remove all radiation signs, stickers, postings, etc., if/when appropriate

Work Area, Equipment and Lab Furniture

__ Clear and decontaminate equipment to be left in lab, work area and fume hoods
__ Label non-working equipment with operational deficiency
__ Return equipment and glassware to common storage
__ Clean floor area
__ Vacate and clean desk area
__ Return primary copies of notebooks and supporting electronic data to research advisor
__ Prepare inventory list of samples generated in lab, including location and amount

Lab Inspection

__ Request exit inspection by DES
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Department

Analytical Services facilities check out

___ NMR       _____ Manager’s Initials      _____ Date

___ Mass Spec  _____ Manager’s Initials      _____ Date

___ X-Ray      _____ Manager’s Initials      _____ Date

___ XPS        _____ Manager’s Initials      _____ Date

___ Inform Business Services Office

___ Inform Graduate Office

___ Inform departmental IT personnel

___ Return keys

___ Provide forwarding address

Department Clearance

Principal Investigator’s Agreement

__________________________________________________________________________
Signature                                           Date

Post-doc, research associate, graduate student

__________________________________________________________________________
Signature                                           Date

Department Chair

__________________________________________________________________________
Signature                                           Date

DES Clearance – PIs Only

___ Lab cleared of chemicals                         ______________________________________________________________________

___ Lab cleared of biological material               ______________________________________________________________________

___ Lab cleared of radioactivity                      ______________________________________________________________________

Signature                                           Date