

<b>Biosafety Certificate / Laboratory Declaration of Decommissioning</b>			
<b>Principal Investigator</b>		<b>BMUC #</b>	
<b>Room to be decommissioned</b>			
Decommissioning Purpose			
<input type="checkbox"/> Relocation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Leaving	<input type="checkbox"/> Other purpose
<b>Part 1. Lab Relocation Criteria</b>			
<p><i>Verification of regulatory requirements must be met before the relocation can occur, this includes (if applicable):</i></p> <ul style="list-style-type: none"> <li>- Site listed on PHAC License</li> <li>- CFIA complies with any Permit and Facility Certification in effect.</li> <li>- Containment Standards are met for RG 2 agents. (Canadian Biosafety Standards)</li> </ul> <p><i>Relocation of material must be undertaken to prevent release (secondary containment sealed) accompanied and supervised at all time by the owner.</i></p>			
New Location (Building/Room#)	Intended Use of The Room	Risk Group Activities (RG1/RG2)	Containment Standards to be Met
<b>Part 2. Bio Agents Inventory</b>			
<ul style="list-style-type: none"> <li>- Inventory must be transferred in accordance to TDG if applicable,</li> <li>- Leak Proof secondary containment must be used and also contain appropriate absorbent material to address any potential leak</li> <li>- Transfer must use a cart (with sides) and securely</li> </ul> <p><b>***Attach the bio agents inventory and clarify the new use and storage room</b></p>			
I will retain my inventory and transfer them to the following rooms			
Materials regulated under importation permit or material transfer agreement restrictions			
Disposed of the following materials			
Transferred materials (if external to the site, transportation of dangerous good may apply)			
Materials			
To Authorized Individual		BMUC#	
<b>Part 3. Decommission the Labs</b>			
<i>The key activity is to identify and document all use and storage areas, including equipment.</i>			

**Université d'Ottawa | University of Ottawa**  
**DECOMMISSIONING / RELOCATON OF BIOLOGICAL MATERIALS**

*Once the samples have been appropriately packaged for transfer or disposed of, thoroughly decontaminate the area with the appropriate disinfectant and using the appropriate contact time. All work must stop prior to decommissioning.*

Items	Decontaminated?		Decontamination Method
	Yes	No	
Biological Safety Cabinet			
Laminar Flow Hood			
Bench			
Incubator			
Other bio agents associated equipment (centrifuge, pipettes, vortexes, etc.)			

*If any Biological safety cabinet (BSC) to be relocated, it must be decontaminated by authorized individuals before being moved. If any Laminal flow hoods (LFH) to be relocated, indicate the new location.*

BSC Serial #	Old Location	New Location	Decontamination Date

LFH Serial #	Old Location	New Location

**\*\*\*Make sure:**

- All **biomedical waste** generated by my laboratory has been appropriately decontaminated or disposed of. (Check BSC, tissue culture rooms, etc.)
- Any **biological hazard warning symbols, signs or stickers** have been removed or fully defaced at the time of decommissioning. All old BMUC have been removed.

*I hereby attest that all the requirements associated with decommissioning of the rooms stated in this form have been appropriately met, all inventory transferred to an approved person or disposed, and no risk remains that may impact future occupants.*

**Decommissioning activities undertaken by**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

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

**BMUC Holder**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

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

