

## Université d'Ottawa | University of Ottawa

Health, Safety and Risk Management, Faculty of Science

## **Laboratory Decommissioning Checklist**

# Contact information Principal investigator: \_\_\_\_\_\_ Department: \_\_\_\_\_\_

Room(s):	Phone:
Email:	Lab contact:

#### **Hazardous Material**

#### Chemicals

Chemiculy	
Procedures	Information
	(Date completed or name or N/A)
Evaluate all chemicals with HSR Office and ensure labelling	
Transfer responsibility of chemicals to:	
Prepare chemicals for disposal; Label with chemical names	
Remove all chemicals	
Remove hazard signage from door	
Amend chemical inventory	

#### **Controlled Substances**

Procedures	Information
	(Date completed or name or N/A)
Transfer responsibility for controlled substances to (after	
Health Canada authorization):	
Dispose of controlled substances	

#### **Gas Cylinders**

Procedures	Information
	(Date completed or name or N/A)
Return cylinders to Receiving	
Remove hazard signage from door	

#### **Animal and Human Tissue**

Procedures	Information
	(Date completed or name or N/A)
Transfer responsibility for animal and human tissue to:	
Dispose of tissue	
Clean refrigerators and freezers	



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**Microorganisms and Cultures** 

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Procedures	Information
	(Date completed or name or N/A)
Decontaminate and dispose of cultures	
Transfer responsibility for microorganisms and cultures to:	
Advise Manager, Radiation and Biosafety of transfer	
Clean all equipment involved in microorganisms and cultures	
Remove hazard signage from door and equipment (upon	
approval from the Manager of Radiation and Biosafety)	

#### **Radioactive Materials**

Procedures	Information
	(Date completed or name or N/A)
Advise Manager of Radiation and Biosafety	
Dispose of radioisotopes and radioactive material	
Transfer of responsibility for radioactive material to:	
Perform appropriate contamination monitoring	
Send all records to Manager of Radiation and Biosafety	
Remove hazard signage from door and equipment (upon	
approval from the Manager of Radiation and Biosafety)	

**Equipment and surfaces** 

Procedures	Information
	(Date completed or name or N/A)
Clean and decontaminate all room surfaces	
Clean and decontaminate Fume hood(s)	
Clean and decontaminate Biological safety cabinet(s)	
Tag all equipment remaining in the room with equipment	
decommissioning tag, certifying item free of hazards	
Remove hazard signage from door and equipment	

**Piping** (sinks and vents)

Procedures	Information
	(Date completed or name or N/A)
Clean and decontaminate all accessible pipings with Spic and	
Span (sodium carbonate/trisodium phosphate cleaner)	



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**Shared storage areas** 

Procedures	Information
	(Date completed or name or N/A)
Verify shared storage areas	
Dispose of all storage material	
Transfer of responsibility (describe particulars) to:	
Amend contact information on shared equipment	

**Keys and identification cards** 

Procedures	Date Completed or N/A
Return all keys to departmental office	
Return all identification cards to HSR office	

### **Approvals**

Lab contact signature:	Date:	
Principal investigator signature:	Date:	
Departmental Chair signature:	Date:	_
HSR signature:	Date:	_
Building Management Agent signature:	Date:	