

Decommissioning Certification

Original to be retained by the Department; copies to be forwarded to the Principal Investigator and Environmental Health and Safety; and a copy prominently posted in decommissioned lab.

Building: _____ Room Number: _____ Date: _____

Area Supervisor: _____ Phone: _____

Department: _____ Area Use: _____

Hazardous Materials

1. Have hazardous materials (chemicals, biological agents, radioactive materials) been removed from the area?	Yes	see EXCEPTION	N/A
2. Have hazardous materials been removed from shared spaces (e.g., refrigerators, cold rooms)?	Yes	see EXCEPTION	N/A
3. Have unopened, uncontaminated chemicals been returned to the stockroom or transferred to an authorized individual?	Yes	see EXCEPTION	N/A
4. Have compressed gas cylinders been returned to the vendor, transferred to an authorized person, or properly disposed of as waste?	Yes	see EXCEPTION	N/A
5. Has EH&S approved the transfer of hazardous materials outside The University of Memphis?	Yes	see EXCEPTION	N/A
6. Have controlled substances been destroyed, disposed of, or transferred to a licensed individual?	Yes	see EXCEPTION	N/A

Laboratory Equipment

7. Have all glassware, equipment, and apparatus, etc., been removed from the area?	Yes	see EXCEPTION	N/A
8. Have all accessible surfaces been cleaned and decontaminated?	Yes	see EXCEPTION	N/A
9. Has the Equipment Release Form been affixed to any equipment being shipped outside the University, sent to Surplus, or being transferred to another department?	Yes	see EXCEPTION	N/A

Decontamination

10. Have potentially contaminated lab surfaces and storage areas been washed with soap and water?	Yes	see EXCEPTION	N/A
11. Have areas that were potentially exposed to spills of biological agents been decontaminated with a 10% bleach solution or equivalent?	Yes	see EXCEPTION	N/A
12. Have wipe tests been used to verify radiological decontamination?	Yes	see EXCEPTION	N/A

I personally performed or supervised the decommissioning of this laboratory and certify it to be decommissioned in accordance with University policy.

Signature Principal Investigator

Date

I personally conducted the decommissioning survey for this laboratory and certify it to be decommissioned in accordance with University policy.

Signature Department Chair

Date