

Exceptions to Decommissioning Procedure

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: _____

The following exceptions to the decommissioning procedure for this laboratory are hereby noted:

We hereby certify that the above exceptions to the decommissioning procedure for this laboratory are mutually agreed to and are in conformance with University policy.

Signature Principal Investigator

Date

Signature Department Chair

Date