

University of Guelph
BIOSAFETY COMMITTEE

Principal Investigator:

Department:

Project Number:

Project Title:

Building:

Room:

Biohazardous materials have been destroyed. *Specify method:*

Biohazardous materials have been transferred. *Attach Material Transfer Agreements:*

Biohazard moved (stayed in university but moved labs only):

All work surfaces (eg. Lab benches), including the floor have been disinfected (*specify disinfectant including concentration(s) and contact time*):

All equipment (including centrifuges, freezers, incubators and biosafety cabinet(s)), which had been in contact with biohazardous materials has been cleaned and decontaminated (*specify equipment and decontamination protocol including disinfectant and concentration*):

Labels and signs indicating biohazardous materials have been removed.

Comments:

CERTIFICATION:

I certify that the information provided in this Decommissioning Report is accurate and that no biohazardous materials have been transferred without approval of the Biosafety Committee.

Signature, Principal Investigator or designate

Date

Signature, University Biosafety Officer

Date