

Laboratory and Room Decommissioning Report

(To be completed for all laboratories as well as rooms that have contained hazardous materials)

A

Location (bldg & room no.):

Department:

Supervisor of room (Principal Investigator):

B

Step One: This room contained no hazardous materials and does not require decontamination.

Supervisor of room (signature) _____
Date

Continue to section E

OR: This room is safe for relocation of contents and will be decontaminated prior to transfer of space

Supervisor of room (signature) _____
Date

Continue to section C

C

Step Two: While under my responsibility, this room has contained the following hazardous materials:

Biological Chemical Radioactive Sharps

Other Please specify:

Continue to section D

D

In compliance with the University of Guelph Laboratory Safety Program, the following requirements have been met:

	Yes	Not applicable
Emptied of biohazardous substances	<input type="checkbox"/>	<input type="checkbox"/>
Emptied of chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Emptied of radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>
Surfaces have been decontaminated (including fumehoods)	<input type="checkbox"/>	<input type="checkbox"/>
Wipe tests and representative survey for radioactivity performed and are below threshold. Note that wipe test will not detect fixed contamination.	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input style="width: 700px;" type="text"/>		
Comments <input style="width: 730px;" type="text"/>		

Continue to section E

E

This room has been decommissioned:

Supervisor of room - printed name	Signature	Date
Department chair - printed name	Signature	Date
EHS Representative - printed name	Signature	Date