LABORATORY CLOSE OUT CERTIFICATION

Department: ________________________________________________________

Lab Location: Bldg. __________________________   Room(s)__________________

Contact Person for Lab/Dept.: _________________________________
Phone Number: _____________

Date Ready for Final Survey: __________________

In preparation to vacate the above lab(s), I certify that:
• All biological materials have been transferred to my new lab or another Vanderbilt investigator or disposed of appropriately.
• Any biological safety cabinets in my lab(s) have been evaluated by the VEHS Biological Safety Section and suggested decontamination protocols were followed whether it was moved or not.
• All radioactive materials have been identified, transferred to another PI, moved to a new location, or turned over to the to the VEHS waste collection personnel for disposal.
• All chemicals have been transferred to another researcher, moved to a new location, or have been identified, tagged and turned over to the VEHS waste collection personnel.
• All remaining surfaces in the lab(s) have been disinfected, cleaned or decontaminated to assure that no biological, chemical or radioactive contamination remains.
• All equipment with internal radioactive sources has been removed, so that the equipment can be discarded.
• All sharps have been removed from the lab(s).
• No lead shielding remains.
• No compressed gas cylinders or liquified gases remain in the lab.
• Any fume hoods in which perchloric acid has ever been used have been identified to VEHS for evaluation.
• All hazardous materials (biological materials, chemicals, radioactive materials) to be transferred to a site other than Vanderbilt and/or transported on public highways have been packaged, labeled, documented, and shipped by trained personnel and in accordance with U.S. Department of Transportation and other applicable regulations and VEHS has been notified of the transfer.
• Lines and regulators on compressed gas cylinders have been purged.

Signatures:

Principal Investigator   Date   Phone #

Department Representative   Date   Phone #