

Contact Information

Principal Investigator: _____
Phone: _____
Room(s) (Building/Room#): _____
Department: _____

Chemicals

Procedure	Information (Date/Initial or N/A)
Transfer responsibility of chemicals to:	
Prepare chemicals for disposal (hazardous waste labels)	
Remove all chemicals from room	
Remove hazard signage from the door	
Amend chemical inventory	

Controlled Substances

Procedure	Information (Date/Initial or N/A)
Transfer responsibility for controlled substances to (After Health Canada authorization):	
Dispose of controlled substances	

Gas Cylinders

Procedure	Information (Date/Initial or N/A)
Return cylinders to storage area	
Remove hazard signage from door	

Animal and Human Tissue

Procedure	Information (Date/Initial or N/A)
Transfer responsibility of animal/human tissue to:	
Dispose of tissue	
Decontaminate refrigerators and freezers	

Biohazards (Microorganisms/Cultures)

Procedure	Information (Date/Initial or N/A)
Transfer responsibility of biohazards to:	
Decontaminate and dispose of biohazards	
Advise University Biosafety Officer of transfer/disposal	
Remove hazard signage from the door	

Radioactive Materials

Procedure	Information (Date/Initial or N/A)
Transfer responsibility of radioactive materials to:	
Decontaminate and dispose of radioisotopes and radioactive materials	
Advise University Radiation Safety Officer of transfer/disposal	
Perform appropriate contamination monitoring	
Remove hazard signage from the door	

Equipment and Surfaces

Procedure	Information (Date/Initial or N/A)
Clean and decontaminate all laboratory surfaces	
Clean and decontaminate Fume Hoods	
Clean and decontaminate Biological Safety Cabinets	
Apply an Equipment Decommissioning Form to all equipment remaining or destined for disposal	
Remove hazard signage from equipment	

Hidden Hazards

Procedure	Information (Date/Initial or N/A)
Ensure that all plumbing has been decontaminated and confirmed hazard free	
Ensure exhaust has been decontaminated and confirmed hazard free	
All other hidden hazards (specify)	

Approvals

	Name	Signature	Date
Lab Contact			
Principal Investigator			
Departmental Chair			
Environmental Health and Safety Representative			