

# LABORATORY MOVE/CLOSEOUT CHECKLIST

Northwestern University ❖ Vice President for Research ❖ Office for Research Safety

## LABORATORY INFORMATION

Laboratory to be closed out: Building _____ Room(s) _____
Date laboratory will be vacated: _____
Principal Investigator (please print): _____ Department: _____

## CHECKLIST

### Chemicals

- |   | √                        | N/A                      | Initials |
|---|--------------------------|--------------------------|----------|
| Identify all chemicals for disposal, including investigation of unknown materials   | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Label all containers with full chemical name(s)   | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Submit <i>Hazardous Waste Pickup Requests</i> via NSIS at least 4 weeks prior to lab closeout   | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Clean and decontaminate benchtops, furniture, other surfaces, laboratory hoods, storage cabinets, and other fixed equipment.          |                          |                          |          |
| Remove warning stickers. Attach Dept or ORS clearance statements to equipment, spaces.  | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Confirm that all hazardous waste and surplus chemicals have been removed  | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| If transferring chemicals to another lab, call the Office for Research Safety (ORS) for proper procedures                             | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Redistribute usable chemicals to stockrooms and other laboratories  | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Contact ORS for guidance on proper packaging, shipping and waste disposal of chemicals  | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Inspect all lab spaces to verify the removal of all chemicals. Be sure to check all drawers, cabinets, cupboards, refrigerators, etc. | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

### Gas Cylinders

- |  |                          |                          |       |
|--|--------------------------|--------------------------|-------|
| Identify contents of cylinder(s) even if “empty”                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Remove regulators and manifolds. Cap all cylinders and bottles.                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Contact ORS for pick-up of non-returnable bottles                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Return cylinder(s) to supplier or University Services department, if appropriate | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Submit a <i>Hazardous Waste Pickup Request</i> via NSIS, if needed               | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### Controlled Substances

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| Contact department chair at CCM regarding status of permit                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Contact ORS official for moving or disposal instructions                                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Contact ORS to close or change location of the Controlled Substances Permit               | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| If controlled substances are to be moved, establish procedures to ensure secure transport | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### Animal and Human Tissue

- |   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| Dispose of research animal carcasses and tissue. Call ORS for advice. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dispose of any chemical preservative through ORS                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clean and decontaminate refrigerators/freezers                        | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Transfer responsibility to: _____                                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

	√	N/A	Initials
<b>Microorganisms, Cultures, and rDNA</b>			
Dispose of waste in a red biohazard bin or submit a <i>Biological Hazardous Waste Collection Form</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dispose of any chemical preservative through ORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean all equipment used with above waste	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer responsibility to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Label all containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evaluate and sort biologicals into categories: move, research materials to preserve, and waste	<input type="checkbox"/>	<input type="checkbox"/>	_____
If moving biological materials in liquid nitrogen Dewar flasks, contact ORS to move using dry nitrogen shipper	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact ORS for guidance on proper packaging and shipping of other biological materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follow organizational procedures for preservation of proprietary samples and research materials	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follow protocol and organizational procedures for on-site disposal of biological material and waste (e.g., disinfect, autoclave)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dispose of treated biological waste according to organizational procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact ORS for removal of other biological material and waste	<input type="checkbox"/>	<input type="checkbox"/>	_____
Update biological inventory records for disposal and new locations	<input type="checkbox"/>	<input type="checkbox"/>	_____
For registered recombinant DNA work, protocol must be closed or updated for new location prior to move	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean and disinfect benchtops, furniture, other surfaces, biological safety cabinets, gloveboxes, storage cabinets, and other fixed equipment. Remove warning stickers. Attach a Dept or ORS clearance statements to equipment and spaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Sharps</b>			
Sharps include needles, syringes with or without needles, Pasteur pipettes, pipette tips, and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keep <u>separate</u> sharps that are radioactive, biologically, and chemically contaminated. Contact ORS for removal.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Radioactive Materials</b>			
Evaluate and sort radioactive materials for moving or disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Package all surplus and waste radionuclides in approved and labeled waste containers Submit a <i>Hazardous Waste Pickup Request</i> via NSIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Perform contamination survey, decontaminate, and re-survey, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Schedule closeout survey with ORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arrange for a responsible person to be present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Remove all rad signs, stickers, postings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transfer inventory to: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prepare rad materials for shipment to new location	<input type="checkbox"/>	<input type="checkbox"/>	_____
Return dosimeters and holders (if the authorization is being terminated)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide chart string to pay dosimeter bill (if the authorization is being terminated)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reassign radiation workers, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Return irradiator keys, if issued	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Laser Equipment</b>			
Equipment is being transferred to another PI (name/location): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Equipment is being relocated outside the University (name/location): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
The following equipment is being disposed of: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	√	N/A	Initials
<b>Moveable Laboratory Equipment</b>			
Call ORS for disposal information regarding contaminated lab equipment, and submit a request via NSIS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean and decontaminate movable lab equipment that is to be left in place, moved, sold as surplus, or disposed of	<input type="checkbox"/>	<input type="checkbox"/>	_____
Units that may contain refrigerants must be evaluated by Facilities Management to remove refrigerant; if so, contact ORS to arrange for removal	<input type="checkbox"/>	<input type="checkbox"/>	_____
For refrigerators, freezers, and other movable equipment that may be contaminated with chemicals: clean, decontaminate, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
For incubators that may be contaminated with biological materials: disconnect CO <sub>2</sub> gas feed line, drain water jacket, clean, disinfect, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
For refrigerators, freezers, ultracentrifuges, UV boxes, transluminators, imaging stations, and other movable equipment that may be contaminated with biological materials: clean, disinfect, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
For refrigerators and freezers where carcasses and tissues were stored: clean, disinfect if necessary, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
To move fragile or vibration-sensitive equipment (e.g., balances, confocal microscopes), contact specialized movers	<input type="checkbox"/>	<input type="checkbox"/>	_____
For high-pressure liquid chromatographs, disconnect chemical feed and waste lines. If radioactive materials were used, decontaminate and wipe-test. Clean, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean and decontaminate liquid scintillation/gamma counters. Contact ORS to move or ship any external standards.	<input type="checkbox"/>	<input type="checkbox"/>	_____
For refrigerators, freezers, and other movable equipment that may be contaminated with radioactive materials: clean, decontaminate, survey, wipe-test, remove warning stickers, and attach a Dept or ORS clearance statements	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prior to sale as surplus laboratory equipment, contact ORS to determine if export controls apply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Request removal of lab equipment to be discarded	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Reuse, Redistribute, Recycle, Empty Containers and Glassware</b>			
For empty containers that held an EPA-regulated acutely hazardous waste, triple rinse with a solvent appropriate for removing the waste. Then deface the label, and follow ORS procedures for recycling or disposal.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean glassware if necessary. Redistribute usable glassware to stockrooms and other laboratories.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact ORS to redistribute usable laboratory supplies to other laboratories	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact ORS to remove recyclable glass, plastic, universal waste (e.g., electronics, batteries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Return reusable lab coats to laundry	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Other</b>			
Notify Facilities Management when lab is vacated so they may consider adjusting ventilation and laboratory hood exhaust fans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dispose of used gloves, aprons, goggles, etc., according to ORS disposal procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pack all files, documentation, books, and publications. Follow organizational procedures for archiving research notebooks and supporting documentation.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contact Recycling Office or vendor to destroy confidential papers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Update emergency information, including external door posting, contact lists, plans, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follow organizational security procedures for preventing laboratory access	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Shared Storage Areas**

Check all shared areas for hazardous materials

√ N/A Initials  
  \_\_\_\_\_

**Lab Inspection**

Voluntarily request an exit inspection by ORS

Initiate *Laboratory Closeout Process* in NSIS, under the “User Tools” heading

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**DEPARTMENT CLEARANCE**

**Principal Investigator’s Agreement**

I certify that my staff and I have adequately cleaned out and decontaminated the laboratories under my supervision.

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**Principal Investigator’s Signature**

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**Date**

**Department Head/Designee**

I am aware of the status of the lab(s) being vacated and I understand that I am responsible for the laboratory space and contents of the vacated lab(s).

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**Department Head’s/Designate’s Signature**

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**Date**

**Office for Research Safety**

Please return a copy of this form to ORS.

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Ward B-106  
Mail Code: W223  
303 East Chicago Avenue  
Chicago, IL 60611  
(312) 503-8300  
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