



UPEI LABORATORY DECOMMISSIONING CHECKLIST

Room Number, Building		Department	
Laboratory Supervisor		Email address	
Laboratory Technician		Email address	
Additional Contact person, if applicable		Containment Level of Lab, if applicable	Select

REASON FOR DECOMMISSIONING

<input type="checkbox"/> Leaving the University	<input type="checkbox"/> Relocating to another University Laboratory	<input type="checkbox"/> Renovation
Other (please explain):		

WHILE RESPONSIBLE FOR THIS LABORATORY, THE SPACE HAS CONTAINED:	YES	NO	N/A
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biohazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECOMMISSIONING

CHEMICAL HAZARDOUS MATERIALS INVENTORY		
Chemicals have been disposed off and/or relocated to another laboratory space		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
If yes, has the UPEI Hazardous Material Inventory system has been updated		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
All benches and equipment in the lab where chemicals were used and/or stored have been decontaminated (cleaned with mild detergent and water)		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
BIOHAZARDOUS MATERIAL		
Biohazardous materials have been properly disposed of or transferred to another faculty member (includes material stored outside of containment as well as that stored in the lab)		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
If yes, has biohazardous inventory been updated on the Biosafety Inventory Database and BAT form completed for transfer?		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
All benches and equipment in the lab where biohazardous materials were used and/or stored have been decontaminated with the appropriate disinfectant		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
If used biological materials in the lab, any current Biosafety Permit has been closed		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA





RADIOACTIVE MATERIAL		
Radioactive material has been appropriately removed from the laboratory		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
If yes, has the Radiation Safety Officer confirmed that the site is free of radioactive contamination?		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
LABORATORY WASTE		
All laboratory waste has been disposed of safely		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
All drawers, shelves, cupboards have been emptied		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
All sharps, both metal and glass, including broken glass have been disposed of properly		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
COMPRESSED GAS		
Compressed gas cylinders have been removed by Facilities Management through the Schooldude Work Order System		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
FUME HOODS, LAMINAR FLOW CABINETS, BIOLOGICAL SAFETY CABINETS AND OTHER EQUIPMENT		
Fume hoods and laminar flow cabinets have been emptied and cleaned		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
BSC was emptied and surface decontaminated by lab staff		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
BSC has been decontaminated by outside service provider		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
Refrigerators, freezers, and incubators have been emptied and decontaminated/disinfected		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
Decontamination Tags attached to all pieces of equipment identified above		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
Any equipment not remaining in the laboratory has been reassigned with the approval of the Department Chair		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
All hazard signage within the lab that is no longer applicable has been removed (for example, biohazard symbol on empty, decontaminated refrigerator to be removed or defaced)		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
FMPlanning@upei.ca work order has been submitted for door diamond lab hazard signage to include any changes to contact information and WHMIS labels		
Yes, Date Completed:	<input type="checkbox"/> No	<input type="checkbox"/> NA
Other Equipment: Please add lab specific details as applicable:		





SECURITY ACCESS

Key card access has been cancelled and/or issued keys have been returned to UPEI Security Services.

Yes, Date Completed:

☐ No

☐ NA

If a former Containment Level 2 lab, UPEI Security Services has been informed to remove or revise the authorised user list from their records.

Yes, Date Completed:

☐ No

☐ NA

SIGNATURES

LABORATORY TECHNICIAN:

By signing, I attest that the decommissioning process has been completed for this lab and that to the best of my knowledge the lab has been properly decommissioned, and no hazardous material remains (other than that which may have been transferred to the responsibility of the new supervisor).

Print name:

Signature:

Date:

LABORATORY SUPERVISOR:

By signing, I attest that the decommissioning process has been completed for this lab and that to the best of my knowledge the lab has been properly decommissioned, and no hazardous material remains (other than that which may have been transferred to the responsibility of the new supervisor).

Print name:

Signature:

Date:

DEPARTMENT CHAIR/DIRECTOR/MANAGER:

I have reviewed the decommissioning process for this lab and approve of any transfer of equipment or hazardous material as arranged with the laboratory Supervisor.

Print name:

Signature:

Date:

FOR HSE ONLY

☐ Decommissioning is complete

Decommissioning is incomplete and the following items remain to be addressed:

HSE OFFICE	SIGNATURE	DATE
HSE Manager		
Biosafety Officer		
Radiation Safety Officer		

