



	Completed			Date Completed	Questions
<b>GENERAL</b>					
Contact EHS at least one month prior to lab move.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Remove <b>Caution Door Signs</b> when lab is vacated and all hazardous materials have been removed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-1510
Ensure that laboratory personnel have decontaminated all potentially contaminated surfaces (chemical, biological or radiological contaminants).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Ensure that potential <b>asbestos containing materials</b> (e.g. lab ovens, benchtops) are tested prior to disposal. Contact EHS if you have any questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Collapse uncontaminated, unwanted cardboard boxes for recycling. Alert <b>Custodial Services</b> when bundled cardboard is ready for removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-2656
Indicate who will assume ownership of chemicals that are left behind (if any). Name: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-1510
Ensure that all unwanted chemicals are added to the UNHCEMST <sup>TM</sup> website.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-1510
If lab will be shipping chemical, biological, or radiological samples or materials, responsible lab personnel must complete <b>Shipping Training</b> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-5038
<b>HAZARDOUS WASTE</b>					
Ensure that all hazardous waste containers have a completed UNH hazardous waste label including proper identification of contents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526
Ensure that all hazardous waste is removed prior to last day of occupancy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526
Return all gas cylinders and lecture bottles to their respective vendors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526
Retrieve all mercury-containing devices for waste pickup by EHS if they will not be taken with PI.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
<b>BIOLOGICAL SAFETY</b>					
Notify EHS to inactivate IBC registered activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Ensure that biosafety cabinet surfaces have been decontaminated and cleaned (or call a vendor to decontaminate).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Decontaminate biological safety cabinet filters or replace with new HEPA filters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Remove all biological materials from storage equipment. Decontaminate surfaces with an appropriate disinfectant. Remove all biological stickers from equipment after decontamination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-0197
Ensure that all biological waste has been packaged, sealed and labeled before removal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526
Ensure that all contaminated sharps are enclosed within <b>Sharps</b> containers. Place the <b>Sharps</b> container in a burn box and dispose as biological waste. Do not leave any sharps in the laboratory.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526
<b>RADIATION SAFETY</b>					
Notify EHS 30 days before terminating work with any radionuclides.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3607
All equipment that has been subject to radioisotope exposure must be inspected and formally released by EHS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3607
Ensure that all equipment that has been subject to radioisotope exposure is inspected and formally released by EHS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3607
<b>ELECTRICAL SAFETY</b>					
Bleed any stored energy from electrical equipment bound for the trash.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-4761
Have any electrical or computer equipment for disposal approved by Purchasing. <a href="http://www.unh.edu/purchasing/surplus/surplus_scrap.html">http://www.unh.edu/purchasing/surplus/surplus_scrap.html</a> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	___ / ___ / ____	862-3526

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form to: **OEHS, 11 Leavitt Lane**