**Laboratory and Research Area**

**Closeout Certification**

(To be completed at time of move)

Principle Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Designate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have followed Environmental Health and Safety’s *Laboratory and Research Area* *Closeout* Procedures to vacate my lab(s) and that the following have all been addressed:

**General:**

* All hazardous materials, including biological, chemical, or radioactive, to be transferred to a site other than your current campus location have been packaged, labeled, documented, and shipped by trained personnel and in accordance with Department of Transportation and other applicable regulations, and EHS has been involved in the transfer.
* All surfaces and equipment in the lab(s) have been disinfected, cleaned, or decontaminated to assure that no biological, chemical, or radioactive contamination remains.
* All equipment has been transferred to my new lab, another Penn State PI, or disposed of appropriately as directed by my department.
* If leaving the University, the Office of Sponsored Programs *Checklist for Departing Researchers* has been completed.

**Chemical Materials**

* No compressed gas cylinders or liquefied gases remain in the lab.
* Lines and regulators remaining from compressed gas cylinders have been purged.
* Any fume hoods in which perchloric acid has ever been used have been identified to EHS for evaluation.
* All chemicals have been transferred to my new lab, another Penn State PI, or disposed of appropriately.
* All DEA controlled substances have been transferred to my new lab or disposed of according to DEA license requirements.

**Biological Materials**

* All sharps have been removed from the lab(s).
* All biological safety cabinets in my lab(s) have been evaluated by EHS and suggested decontamination protocols were followed whether they were moved or not.
* All biological materials have been transferred to my new lab, another Penn State PI, or disposed of appropriately.

**Radioactive Materials**

* All radioactive materials have been transferred to my new location or another authorized user through EHS or have been disposed of appropriately.
* Radioactive wastes have been picked up for disposal.
* All equipment with internal radioactive sources has either:
* been transferred to EHS, OR
* the radioactive source has been removed, returned to EHS or original manufacturer, and the equipment has been disposed of appropriately.
* The lab(s) has been decommissioned by EHS.

**Signatures:**

Principle Investigator or Designate (designate must be someone from the research group)

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head or Designate (designate cannot be the same as PI’s designate)

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS Representative

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes/Plan for items still remaining in Lab(s):**