

Laboratory Close-Out Required Checklist

Directions: Please complete this checklist to closeout your laboratory or research project and transfer any materials, animals, and/or equipment to other researchers at least one week prior to departure from UAMS. **Record your initials and the date each activity was completed.** If the activity does not apply to your laboratory or research project, check the “Activity N/A” box.

Please do not hesitate to contact the **Occupational Health & Safety Office (501-686-5536)** for any information or help you might need.

Submit the completed checklist to the OH&S office:

- Email to Ron Webb, Occupational Safety Coordinator, at WebbRonnieH@uams.edu
- Fax to 501-296-1339
- Bring hardcopy to our office - Central Building G154

Note: This page provides an overview of the steps that a researcher and departmental staff should follow to safely and efficiently close a laboratory operation. More specific activities may need to be completed depending upon the hazards and reagents used in your research program.

Principal Investigator (Print Name):	
Person(s) performing closeout activities: <i>(Print Name and Initials)</i>	
Building:	
Department:	
Room Number(s):	

1. Research Materials

Activity N/A	Activity Letter	Activity	Activity Completed	
			Initials	Date
<input type="checkbox"/>	A	Ensure appropriate disposition/transfer of animal colonies . Contact Division of Lab Animal Medicine (DLAM), 501-686-5255.		
<input type="checkbox"/>	B	Inventory any chemicals and properly dispose of them through OH&S Environmental Programs Manager (501-686-6958) or transfer to other labs.		
<input type="checkbox"/>	C	Inventory biological materials and samples, including animal and human tissues, and properly dispose of them (or transfer to other labs). Autoclave or make safe by other means before disposal. Contact Biological Safety (501-296-1083) or (501-686-5299) for assistance.		
<input type="checkbox"/>	D	Inventory radioactive materials and properly dispose of them (or transfer to other labs). Contact Radiation Safety (501-686-7803) or (501-526-4603) for assistance.		
<input type="checkbox"/>	E	Identify any incoming Material Transfer Agreements (MTA) under which materials were transferred to the laboratory, and assure any materials covered by such MTAs are disposed of as provided by the terms of the MTAs.		
<input type="checkbox"/>	F	Properly package and label for transport any hazardous materials that are to be shipped off-campus. Ensure packaging and labeling is done by individual who has completed hazardous materials shipping training.		
<input type="checkbox"/>	G	Properly dispose of all DEA controlled substances. Permission to transfer controlled substances must be obtained before transferred to an approved employee. Contact Kimberly Murphy at kjmurphy@uams.edu or 501-686-6340.		
<input type="checkbox"/>	H	Properly dispose of all remaining hazardous waste. Contact OH&S, 501-526-0000 for assistance.		

2. Laboratory Space and Equipment

Activity N/A	Activity Letter	Activity	Activity Completed	
			Initials	Date
<input type="checkbox"/>	A	Identify gas cylinders ; store all unreturned cylinders with the valve off and the cap on. Ensure that their contents are properly indicated. Contact for pick-up of unwanted cylinders, NexAir, 501-562-2628.		
<input type="checkbox"/>	B	Clean all laboratory surfaces and decontaminate any surfaces that require it.		
<input type="checkbox"/>	C	Empty, clean and defrost refrigerators and freezers. Ensure that any materials contained in the refrigerators or freezers are disposed of appropriately (see section 1, above).		
<input type="checkbox"/>	D	Decontaminate equipment (including freezers, refrigerators, incubators, and drying ovens) that may be contaminated with chemicals, biological material, or radioactive material, and test as necessary to ensure thorough decontamination. Contact OH&S, 501-526-0000, for assistance.		
<input type="checkbox"/>	E	Remove warning stickers from areas to which they no longer apply.		
<input type="checkbox"/>	F	If leaving a biosafety lab, decontaminate lab as appropriate based on designated Biosafety Level. Contact the Biosafety Office for assistance.		
<input type="checkbox"/>	G	Decontaminate lab equipment that you intend to discard.		
<input type="checkbox"/>	H	Clean out all laboratory drawers, being sure to avoid sharps. Properly dispose of all sharp items, including glass, pipettes, and syringes, or transfer to another laboratory if unused. Place sharps, including contaminated sharps, in safe containers (sharps container) before disposal.		
<input type="checkbox"/>	I	Discard unwanted glassware in trash, packaging properly to ensure safe disposal; treat as sharps.		
<input type="checkbox"/>	J	Survey all shared areas to locate and appropriately dispose of the lab's hazardous materials.		
<input type="checkbox"/>	K	If laboratory equipment is to be left for the next occupant, clean and decontaminate it before departing the laboratory.		

3. University Data and Materials

Activity N/A	Activity Letter	Activity	Activity Completed	
			Initials	Date
<input type="checkbox"/>	A	Identify and transfer to department official or next responsible party all laboratory notebooks, data, and other materials in which the university has a remaining interest. Consult and comply with the UAMS policies with respect to data or materials obtained or created in the course of human subjects research, ensure such data or materials are disposed of or preserved in a manner consistent with the requirements of the consent form or as otherwise directed by the UAMS Institutional Review Board (IRB). Contact the IRB Office (501-686-5667) or Office of Research and Sponsored Programs (501-686-5502) if further guidance is needed.		
<input type="checkbox"/>	B	Identify any non-disclosure agreements in effect for information received by the lab from third parties, and transfer or otherwise appropriately dispose of all such information as required by the terms of the non-disclosure agreement.		
<input type="checkbox"/>	C	Identify any other confidential information in the lab, such as employment files and records of student activities, and ensure that any such records are maintained or disposed of properly.		

4. Access Control

Activity N/A	Activity Letter	Activity	Activity Completed	
			Initials	Date
<input type="checkbox"/>	A	Return all keys to department including keycard access.		
<input type="checkbox"/>	B	Disable punch-code access to locked facilities.		
<input type="checkbox"/>	C	Withdraw access to proprietary software and internal websites.		
<input type="checkbox"/>	D	Return university-owned laptop computers, mobile devices, and other electronics.		
<input type="checkbox"/>	E	Disable employee email account.		
<input type="checkbox"/>	F	Withdraw/remove from internal email lists.		
<input type="checkbox"/>	G	Collect/terminate parking permits.		
<input type="checkbox"/>	H	Withdraw access to subscriptions to outside services/organizations paid for by UAMS.		

5. Human Resources and Administration

Activity N/A	Activity Letter	Activity	Activity Completed	
			Initials	Date
<input type="checkbox"/>	A	Ensure that students and researchers have been reassigned and all human resources responsibilities have been fulfilled.		
<input type="checkbox"/>	B	Employee Separation Form. The form directs you to various areas of campus to turn in keys, receive insurance information, and to handle other separation business.		
<input type="checkbox"/>	C	Ensure that teaching responsibilities have been transferred, if appropriate.		
<input type="checkbox"/>	D	Ensure that all outstanding travel reimbursements have been submitted and processed.		
<input type="checkbox"/>	E	Alert outside entities that interface with departed employee of the departure, and provide new point of contact as applicable. Obtain future address and/or phone number of employee.		
<input type="checkbox"/>	F	Arrange for replacements on boards and committees.		

6. Certification of Completion

I certify that the above information is complete and correct to the best of my knowledge and abilities. I verify that the laboratory has been decontaminated, cleaned, and all hazards disposed or transported per all applicable EPA, OSHA, NIH, CDC, federal, state, local, and UAMS facility regulations. I understand that non-compliance may adversely affect my research status or result in undue costs.

Signature

Date

7. Submission of Checklist

Activity	Method of submission			Activity Completed	
	Email	Fax	Hardcopy	Initials	Date
Submit completed checklist to OH&S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Submit the completed checklist to the OH&S office:

- Email to Ron Webb, Occupational Safety Coordinator, at WebbRonnieH@uams.edu
- Fax to 501-296-1339
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8. Occupational Health & Safety (OH&S Office Use Only)

Instructions: OH&S staff, please complete a Laboratory Closeout Inspection to verify that all items indicated on the Closeout Form were completed successfully. Please document the Laboratory Closeout Inspection below.

Full Name of OH&S Personnel performing Laboratory Closeout Inspection:	
Date(s) Performed:	

Laboratory Closeout Inspection Findings:

No findings, all items indicated were successfully completed.

Yes, finding(s) were observed that are documented in the Findings Table below, and follow-up is needed to ensure successful completion of the Laboratory Closeout.

Finding or Problem Noted (include equipment affected and all applicable details)	Finding Location	Laboratory Closeout Form Corresponding Section and Activity Letter

Please email the Findings Table above to the Principal Investigator, person(s) performing closeout activities, and the Department Chair with a due date of completion to be 30 days from the date of Laboratory Closeout Inspection. Then perform a Follow-up Laboratory Closeout Inspection at this new 30-day due date.

30-day Follow-up Inspection Date:	
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Follow-up Laboratory Closeout Inspection Findings:

No follow-up findings, all items indicated were successfully completed.

Yes, finding(s) were observed to not be completed. Supporting evidence, such as pictures, may be attached. If 'Yes' is indicated, please forward the Findings Table email sent above to your supervisor and ask your supervisor to send a follow-up email to the Director of Research, Department Chair, and any applicable leadership personnel.

I certify that the above information is complete and correct to the best of my knowledge and abilities, and all required communications were sent per above instructions.

Signature of Laboratory Inspector

Date