



Laboratory Decommissioning Checklist

*If radioactive materials have been used in the laboratory, you must also complete the Decommissioning of Radiation Laboratories Checklist.

Identification of laboratory:

BUILDING	
ROOM NUMBER(S)	
PERSON RESPONSIBLE FOR AREA	

Actions required:

	COMPLETED BY		CHECKED BY	
	NAME	DATE	NAME	DATE
Check all chemical and biological materials have been removed from the lab – check all shelves, cupboards, drawers, rooms, fume cupboards, under sink, etc.				
Check all lab coats have been removed – check lockers, behind doors etc.				
Check all hazardous wastes have been taken away – do not sign off until everything has been removed.				
Remove all hazard warning labels from doors, equipment, cupboards, fridges etc.				
Clean sinks. In labs where biological materials have been				

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handled also disinfect, using adequate disinfectant to disinfect traps on drains. Clean all benches. In		
labs where biological materials have been handled also disinfect benches.		
Clean, and disinfect as appropriate, any items of equipment that may have been contaminated with chemicals or biological materials.		
Fumigate microbiological safety cabinets (this should be done prior to removal for relocation or disposal or for any being left behind) - label to confirm fumigated (include name and date).		
Clean fume cupboards – label to confirm have been cleaned (include name and date). Indicate, or leave contact telephone number, if fume cupboard has been used for any hazardous materials that may gather in the ductwork (eg acids).		
Clean, and disinfect as appropriate, any other areas that may have been contaminated with chemicals or biological materials.		

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Declaration:

A Decommissioning of Radiation Laboratories Checklist is / is not required.

This laboratory has been left in a condition such that it is safe for any personnel to enter without taking any precautions against exposure to chemical or biological materials. This completed decommissioning checklist precludes the need for maintenance staff and contractors to be issued with a Laboratory Permit to Work.

Print name:
Signature:
Date:
School:
Unit:

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