



LABORATORY DECOMMISSIONING REPORT

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|--|--|---------------------|--|
| Responsible Faculty/Dept. Chair | | Phone Number | |
| Laboratory Supervisor | | Phone Number | |
| Department | | Room # | |
| EHS Inspector(s) | | | |
| Description of Laboratory Space, Research Activities and Operations | | | |

| | Completed by PI & Laboratory Supervisor | Completed by UM-Dearborn EHSEM |
|--|---|--------------------------------|
| Inspection date(s) | | |
| Have radioisotopes been used in this room? If so, explain. | | |
| Has UM RSS decommissioned the room(s)? If so, provide documentation. | | |
| Have BioHazard materials been used in this lab? BSL1, BSL2? If so, explain. | | |
| Has UM OSEH decommissioned BSL2 lab(s)? If so, provide documentation. | | |
| ALL Biohazard Materials Removed? | | |
| ALL Chemicals Removed? | | |
| ALL drawers and cabinets empty? | | |
| ALL drawers and cabinets clean? | | |
| Were ALL gas cylinders removed? | | |
| Was mercury contamination evident or suspected? | | |
| Equipment decontaminated & removed? i.e. refrigerator, etc. OSEH equipment decon form completed/attached. | | |
| Status of biological safety cabinet(s): | | |
| Status of fume hood(s): | | |
| Was general cleanliness/hygiene acceptable? | | |
| Has ALL waste been removed? | | |
| Was laboratory specific wall & door signage removed after room was emptied, cleaned? | | |
| Additional Items: | | |
| Inspection Comments: | | |
| Approval contingent upon: | | |
| Lab decommission approved? <i>Approval requires Faculty/Dept. Chair, Lab Supervisor & EHS signatures</i> | | |

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|--|--|-------------|--|
| Faculty/Dept. Chair Signature | | Date | |
| Laboratory Supervisor Signature | | Date | |
| EHS Representative Signature | | Date | |