

LABORATORY/STUDIO CLOSE-OUT NOTIFICATION

This close-out notification should be completed by the **Principal Investigator** (for studios, the **Faculty Member** in charge of the studio) at least 90 days prior to the target date for vacating a lab (or studio). It should be forwarded to the **Office of Environmental Health & Safety**, c/o the **Chemical Safety Manager**. A copy of the form should be submitted to the Department Chair.

Department responsible for lab (studio) being vacated:	
LOCATION OF CLOSE-OUT LAB (STUDIO): CAMPUS: BUILDING: ROOM NO:	Location of new or temporary lab (studio): Campus: Building: Room No:
Principal Investigator (Lab): _____	Phone: _____ E-mail: _____
Faculty Member (Studio): _____	Phone: _____ E-mail: _____
Laboratory/Studio or Department Contact: _____	Phone: _____ E-mail: _____
Departmental Safety Representative: _____	Phone: _____ E-mail: _____
Reason for Close-Out:	
TARGET MOVE DATE: ___/___/___	
Hazardous Materials Were any of the following hazardous materials used in the lab (or studio)? Radioactive Materials <input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Biohazardous Materials <input type="checkbox"/> Sharps <input type="checkbox"/> Any unknown/unlabeled materials in the lab/studio? Y___N___ Any gas cylinders for disposal? If so, how many? _____ Will any hazardous materials in the current lab/studio be transferred to the new location? Y___N___	Hazardous Waste What waste collection issues are anticipated? Mixed Bio/Radioactive <input type="checkbox"/> Mixed Bio/Hazardous Chemicals <input type="checkbox"/> Mixed Radioactive/Haz Chemicals <input type="checkbox"/> Highly Reactive Chemicals <input type="checkbox"/> Shock Sensitive Materials <input type="checkbox"/> Highly Toxic Materials <input type="checkbox"/> Other:
Biological Safety Cabinets:	Any BSCs that will have to be moved? If so, how many? _____ Any BSCs that will remain in the lab? If so, how many? _____
Fume Hoods:	Any fume hoods that will have to be moved? If so, how many? _____ Any fume hoods that will remain in the lab/studio? If so, how many? _____
Other issues/concerns/anticipated problems. Use reverse side of form if needed. ▶	
Signatures:	
_____	_____
Principal Investigator (Laboratory) Faculty Member in Charge (Studio)	Departmental Safety Representative
Date: _____	Date: _____