APPENDIX F – DECOMMISSIONING FORM FOR LABORATORIES

Where chemical, biological or radioactive materials; or where X-ray or open beam laser equipment, have been present, used or stored:

- 1. This form is to be completed and submitted to EHS before a major renovation, re-purposing of room for non-lab use or to close-out a lab and have the EHS-provided signage removed. Email form to sarah.grant@wku.edu when completed.
- 2. Once received, EHS will schedule a time to inspect and finalize decommissioning.

Section B: Location
Building/Room:
Reason for request:
Is this part of a project or renovation?
Y N
Facilities' Coordinator OR Contractor Contact:
Name: Tel:

Section C: Declaration To Be Completed by Responsible User/ Laboratory Staff knowledgeable with room				
Name (print	:): Phone#:			
Site history	: How many years of history do you have with this room? If none, have you contacted	and		
consulted wi	th someone that has knowledge of the past use? No , or Yes If yes, who?			
	Actions Taken	Check when completed		
Chemical	Inventory - review your chemical inventory, then:			
1	Locate all items in inventory.			
2	Remove all chemicals from the room.			
	Dispose of remaining chemicals according to WKU Waste Disposal guidelines.			
	Complete a Regulated Waste Removal Form: https://www.wku.edu/ehs/forms/waste_pickup_request.php			
3	Update inventory records			
Biosafety	Are there biologicals present in this room? If no, go to Radiation section.			
4	Is this location under the purview of the Institutional Biosafety Committee? Yes No	_		
	IF YES, relocate any biological agents to another permitted location.			

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5	Decontaminate all wastes (by autoclaving, or chemically as appropriate) and dispose of per University regulations.			
6	Decontaminate all work surfaces and storage areas.			
0	Indicate disinfectant used:			
	10% bleach with 30 min soaking			
	70% ethanol with 30 min			
	soaking Other – specify type			
7	and concentration: Biohazard labels removed after decontamination.			
Radiation	Radioactivity - Are/Were sources of radioisotopes utilized or radiation-producing			
	machines present? If No , go to X-ray Equipment.			
8	If YES, relocate any radioactive materials to another permitted location and update inventory as appropriate OR arrange to transfer unwanted stock vials and sources with EHS.			
	Properly dispose of waste and confirm leak/contamination testing			
	Door signs and Radioisotope Permits may only be removed by Radiation Safety Officer.			
9	X-ray Equipment - Is there X-ray Equipment in this room? If No, go to Laser – Open Beam.			
10	If YES, relocate X-ray Equipment to another room.			
	Before X-ray Equipment may be used in a new location, Radiation Safety Officer must be informed to determine if leakage tests, permit amendments and/or notification of the province is required.			
	Door signs and X-ray Permits may only be removed by Radiation Safety Officer.			
11	Laser – Open Beam - Is this room signed "Danger Laser? If No, go to Supplies and Lab Equipment.			
12	If YES, relocate laser(s) to another room			
	Inform Laser Safety Officer of the change of status related to the lasers.			
Supplies a	nd Lab Equipment			
13	Remove all lab supplies and equipment for room including items in drawers and cabinets and on shelves.			
	Be sure to update capital assets as appropriate.			
	Inspect all areas for needles, razor blades, scalpel blades and broken glass.			
14	Dispose of sharps in a puncture proof container.			
	Dispose of unwanted glassware and brittle plastic in plastic bag lined cardboard boxes or commercial 'Broken Glass' boxes.			
Cleaning				
15	Remove all visible residues, standing liquids, loose particulate material from bench tops, shelves, cabinets, inside drawers and floors.			
	Wipe all accessible surfaces with mild detergent such as soap and water.			
16	Clean out fume hood.			
16				

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18	Is it possible hazardous products (radiological, biological or chemical materials) may be present in the building systems?					
	- ,	□Not applicable	□fume hood ducts	□drains/traps	□other – specify:	

DECLARATION OF COMPLIANCE:	Signature confirms information	supplied in form is accurate:		
_	Signature			
Reviewed by EHS	Hazard Decommissioning	Records		
Name	Chemicals	Registered equipment		
Signature	Biologicals	updated?		
Date	Radiation	List Permit(s) to be updated:		
		Academic Department Compliance:		