

Vacated Research Laboratory Form

Laboratory Room Number _____

Date Inspected _____
Month/Day/Year

Please check this box only if you are Vacating Lab space and staying at UNBC

I hereby certify that all garbage and all materials that may pose a biological, chemical, physical, or radiological hazard have been removed from the above mentioned lab and disposed in compliance with the UNBC Vacating of Research Laboratory Policy.

Please Check once completed:

Cleaned out all freezers and refrigerators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Properly Dispose/Transfer Biohazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Properly Dispose/Transfer Chemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Properly Dispose/Transfer Radioactive/Radiological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Dispose General garbage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Lab fixtures cleaned and disinfected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Lab equipment cleaned and disinfected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Lab space cleaned and disinfected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Principal Investigator or designate: _____ **Signature** _____
Please Print Name

Safety Manager: _____ **Signature** _____
Please Print Name

Chemical Safety Officer: _____ **Signature** _____
Please Print Name

I hereby certify that the above-mentioned laboratory is clean and safe, and available for re-allocation. I also certify that I have met and assured audit protocol completed.

Program Chair or designate: _____ **Signature** _____
Please Print Name

Date: _____
Month/Day/Year