



LABORATORY DECOMMISSIONING REPORT

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 Flint EHS
Inspection date(s)		
Have radioisotopes been used in this room? Yes or No? Explain.		
Has RSS decommissioned the room(s)? If so, provide documentation.		
Have BioHazard materials been used in this lab? BSL1, BSL2? If so, explain.		
Has OSEH decommissioned BSL1, 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>		

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