



**Department of Chemistry and Biochemistry  
University of Maryland  
Checklist for Vacating Laboratories**

**The following list is to assist graduate students, post-docs, research associates, and faculty in meeting the expectations for checking out of the research laboratory. All questions must be addressed and an individual agreeable to the transfer of responsibility must also sign this form.**

**Name:** \_\_\_\_\_

**Laboratory Information**

Laboratory to be vacated: Room(s): \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Phone \_\_\_\_\_

Date laboratory will be vacated: \_\_\_\_\_

**Check off each item, or mark NA, as appropriate.**

**Chemicals/Gas Cylinders**

If transferring usable chemicals/gases to another building or off campus, contact DES for procedure

- Ensure all waste chemicals are in sealed, compatible containers
- Identify all waste chemicals with full chemical names, using UM Hazardous Waste Tags
- Submit *Hazardous Waste Removal Request Form* via the Internet
  - Include all chemicals produced in the lab
  - Check freezers and refrigerators for purchased and produced chemicals
- Return gas cylinders to ChemStores/Receiving
- Label all gas cylinders that cannot be returned with UM Hazardous Waste Tags
- Contact DES if unknown chemicals or gases are present

Transfer responsibility to: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature

## **Checklist for Vacating Laboratories - Page Two**

### **Other Hazardous Materials**

Contact DES for information concerning packaging of chemically-contaminated materials.

Autoclave all cultures and solid, non-sharp biological waste, place in opaque trash bag and place in building trash/dumpster/compactor.

Place needles and syringes and other sharp objects in sharps container and request pick up from DES

Check common areas for hazardous materials

### **Radioactive Materials**

Contact Radiation Safety Office if planning to transfer radioactive materials to another lab

Package all radioactive materials in approved and labeled waste containers

Complete radioactive waste cards and attach to containers

Submit Low-Level Radioactive Waste Pickup Request Form to request removal of radioactive waste

Schedule closeout survey with the Radiation Safety Office which will remove all radiation signs, stickers, postings, etc., if/when appropriate

### **Work Area, Equipment and Lab Furniture**

Clear and decontaminate equipment to be left in lab, work area and fume hoods

Label non-working equipment with operational deficiency

Return equipment and glassware to common storage

Clean floor area

Vacate and clean desk area

Return primary copies of notebooks and supporting electronic data to research advisor

Prepare inventory list of samples generated in lab, including location and amount

### **Lab Inspection**

Request exit inspection by DES

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**Department**

Analytical Services facilities check out

<input type="checkbox"/> NMR	<input type="checkbox"/>	Manager's Initials	<input type="checkbox"/>	Date
<input type="checkbox"/> Mass Spec	<input type="checkbox"/>	Manager's Initials	<input type="checkbox"/>	Date
<input type="checkbox"/> X-Ray	<input type="checkbox"/>	Manager's Initials	<input type="checkbox"/>	Date
<input type="checkbox"/> XPS	<input type="checkbox"/>	Manager's Initials	<input type="checkbox"/>	Date

- Inform Business Services Office
- Inform Graduate Office
- Inform departmental IT personnel
- Return keys
- Provide forwarding address

**Department Clearance**

**Principal Investigator's Agreement**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Post-doc, research associate, graduate student**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Chair**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DES Clearance – PIs Only**

<input type="checkbox"/> Lab cleared of chemicals	_____	_____
<input type="checkbox"/> Lab cleared of biological material	_____	_____
<input type="checkbox"/> Lab cleared of radioactivity	_____	_____
	Signature	Date