



## Lab Closeout Checklist

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### Principal Investigator / Area Supervisor Information:

Name:	Department:
Email:	Building:
Phone:	Room:

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#### I. Administrative:

1. Have applicable IBC protocols been terminated/transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Have applicable IRB protocols been terminated/transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Have applicable IACUC protocols been terminated/transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Have applicable registrations for radiation use been terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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#### II. Biological:

1. Have biological materials been destroyed, shipped, or transferred to another investigator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Has biological waste (solid, liquid, and sharps) been inactivated and/or properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Has equipment used to store, handle, or process potentially infectious materials been cleaned and decontaminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. If BSCs will be removed from the research lab, have they been decontaminated using a validated approach (i.e. gaseous fumigation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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#### III. Chemical:

1. Have all chemicals been properly disposed of or transferred to other investigators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. If chemicals are remaining in the lab, are they in suitable condition (e.g. not expired; properly labeled, properly stored, containers intact, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Have DEA controlled substances been properly disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Has hazardous waste been collected by EH&S?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Have compressed gas cylinders been returned to the vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Have surfaces where chemicals have been handled or stored (e.g. fume hoods, benchtops, cabinets, refrigerators, etc.) been cleaned and bench paper removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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#### IV. Radiological:

1. Has all radioactive waste been properly packaged, labeled, and disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Has EH&S Radiation Safety been contacted for equipment/lab decommissioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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#### V. General:

1. Is the lab free of any physical, fire, or electrical hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is lab housekeeping in good order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Submit the completed checklist to: [ehs@msstate.edu](mailto:ehs@msstate.edu)