



## Laboratory Close-Out Notification

Environmental Health and Safety (EHS) Contact: Rick Williams, 479-575-5448,  
[raw002@uark.edu](mailto:raw002@uark.edu)

**Complete this form three months, or as early as possible, prior to the move.**

Department:

Lab Location:            Building:                            Room:

Phone #:

Principal Investigator (PI):

Phone #:

Estimated Date for Last Day in Lab:

Reason for Lab Close-Out:    Leaving UA    Moving within UA    Other:

Please answer/address the following regarding the lab (check all boxes that apply):

1. Were hazardous chemicals used?    Yes    No  
If yes consider the following:
  - a. All chemicals must be removed and properly transferred or disposed
  - b. Transferred chemicals must be added to the chemical inventory of those receiving the chemicals
  - c. If there are any unknown chemicals, or particularly hazardous substances, they may require individual attention and special handling to include stabilization before moving/disposing
  - d. Are there compressed gases? All gas cylinders with an Air Gas label should be returned to Air Gas, call EHS (479-575-5448) for all others.
  
2. Will you have chemical waste for disposal?    Yes    No
  
3. Are DEA controlled substances present?    Yes    No
  
4. Were radioactive materials (RAM) used?    Yes    No

If yes, address the following:

- a. Will you dispose of/move equipment that either stored, was used with or contained RAM? Yes No  
(Please note that the equipment with RAM cannot be moved, disposed or transferred without coordinating with the appropriate equipment POC and the campus Radiation Safety Officer)
  - b. Will you need to ship/transfer any RAM to another location? Yes No
5. Will you transfer, turn-in, or leave behind any of the following (please circle all that apply)?
- Laser          X-ray          Lead shielding          Liquid Scintillation Counter  
Survey instrument    Other: \_\_\_\_\_
6. Will you have radioactive sources and/or waste for disposal? Yes No
7. Will you transfer any active IBC protocols/research? Yes No
8. Will you transfer any Risk Group II pathogen protocols/research or destroy?  
Yes No
9. Do you have any biological waste or biomedical waste for disposal to include any stored in a freezer? Yes No
10. Are there freezers, refrigerators, storage cabinets, fume hoods, biological safety cabinets, laminar flow hoods, autoclaves and centrifuges present? Yes No  
If yes, they will need to be cleaned out, properly disinfected and/or decontaminated as appropriate and an Equipment Clearance Form filled out and turned in. For equipment form contact the Inventory Control Manager at 5-4854.
11. Do you share space or equipment with another PI? Yes No  
If yes, please identify the space and equipment location below:

I have reviewed and understand the University of Arkansas Laboratory Close-Out Procedures contained in the Chemical Hygiene Plan and will appropriately address the Laboratory Relocation/Close-Out Certification requirements.

Principal Investigator Signature

Date:

Phone:

PI Name (Printed):

Dept. Representative Signature

Date:

Phone: