

LABORATORY DECOMMISSIONING CERTIFICATE

FACILITY and LABORATORY INFORMATION	
Building(s):	Room Number(s):
TYPE and NATURE OF WORK <i>Provide a brief description of the nature of work that was performed in the lab/facility:</i>	
HEALTH, SAFETY and ENVIRONMENTAL HAZARDS <i>Describe hazardous materials that were used in the lab/facility:</i>	
<input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Radioactive <input type="checkbox"/> Physical Environmental <input type="checkbox"/> Other:	
List Permit Number(s) (Biosafety, Nuclear Substance, Other): <input type="checkbox"/> N/A	
All hazardous materials have been removed from the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All hazardous waste has been disposed of in accordance with university requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility work areas, equipment and tools have been cleaned and decontaminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Release Forms completed and submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Equipment, tools, furniture, records have been removed from the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazard warning signs including permit signs and labels have been removed from the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered No to any of the above questions, provide further explanation, issue and responsibility for resolution:</i>	
I, below, certify that the information provided in this form is correct to the best of my knowledge.	
Responsible Party Name:	Responsible Party Signature: X
Date:	Phone Number:
Safety Resources Name:	Safety Resources Signature: X
Date:	Phone Number: 306-966-4675
College/Division/Department/Unit Head Name:	College/Division/Department/Unit Head Signature: X
Date:	Phone Number:

Reference Document: Facility Decommissioning Standard, Safety Resources