



**Complete Laboratory Exit/Renovation/Decommissioning**  
and  
**Partial Laboratory Decommissioning when Renovations and Repairs are to be Conducted**  
**in an Occupied, Working Laboratory**  
for  
**Biological Agents, Chemicals and Radioactive Materials**  
Office of Environmental Health and Safety (ehs.office@utoronto.ca)

**Part A:**

Decommission type	Check where applicable (x)	Action
Partial Laboratory Decommissioning		Complete Part A,B ONLY
Complete Laboratory Exit/Renovation/Decommissioning		Complete Part A,C ONLY
Principal Investigator: Phone #: Permit (s) # (if applicable):	Chair:  Phone #:	
Primary Contact Person: Phone #: E-mail:	Alternate Contact Person: Phone #: E-mail:	
Laboratory Location(s): address/room number:		

Laboratory Sketch: **FOR RAD LABS ONLY.** Provide sketch of lab and affected areas as applicable (note: RSO will denote confirmation swipe areas on this sketch so please draw lab sketch clearly)

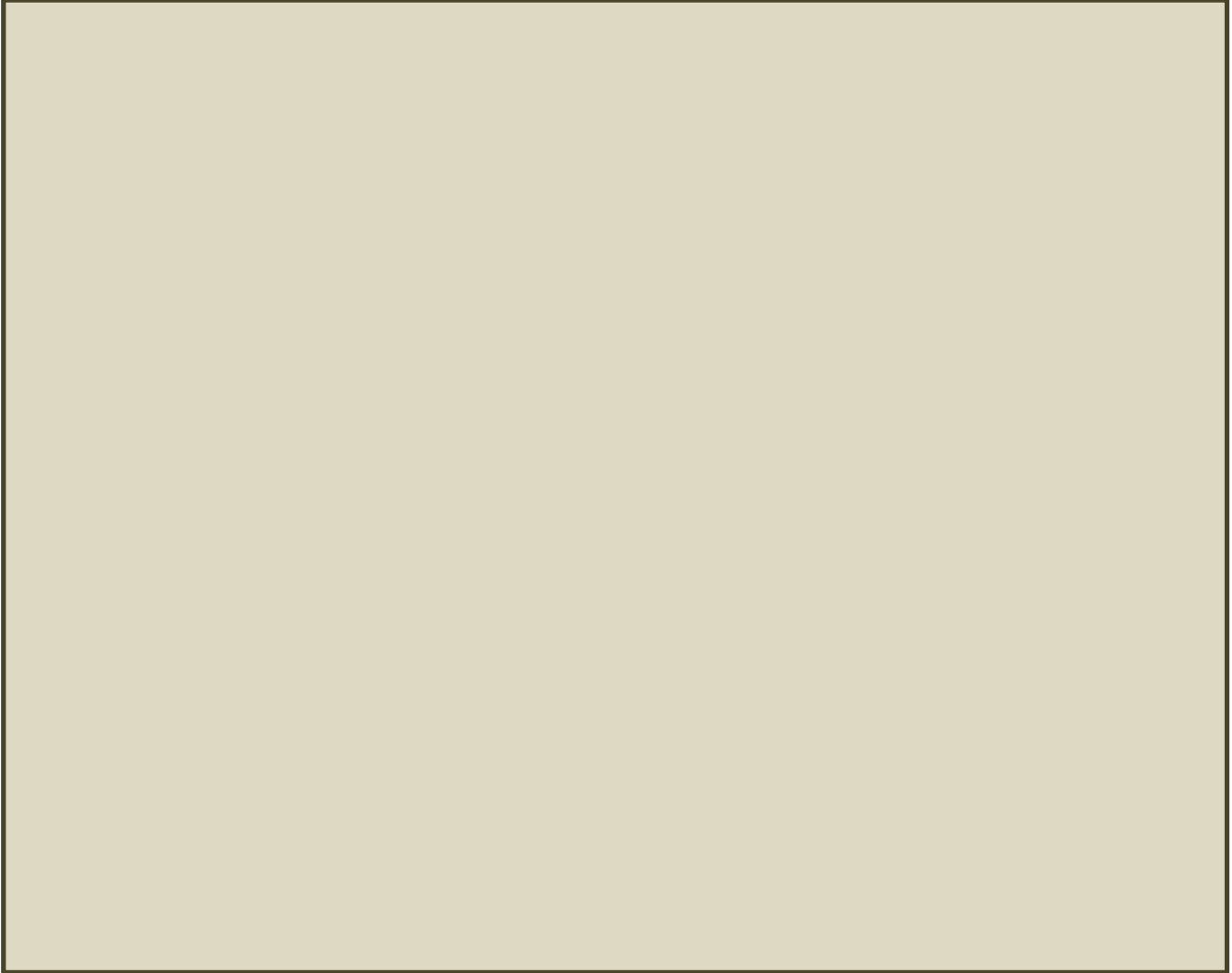
- For any Rad work, a sketch of the floor plan of each room listed on the permit must be prepared. The locations of active benches, sinks, fume hoods, fridges, freezers, including the floor areas where hazardous materials are used or stored, must be numbered for reference purposes.

**Please sketch on the next page**

**Decommissioning Form**

**Part A continued:**

**Laboratory Sketch**



**For all BIO, CHEM & RAD LABS:**

FOR COMPLETE OR PARTIAL decommissioning, confirm completion of the following: All equipment and surfaces (including floor), have been cleaned with detergent and disinfected with 0.5% bleach (9:1 dilution of household (5%) bleach).	Yes	No	N/A
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**Decommissioning Form**

Office of Environmental Health & Safety  
215 Huron Street, 7<sup>th</sup> Floor  
Toronto, ON M5S 1A2

**Part B: Partial Laboratory Decommissioning ONLY**

\*Researchers are responsible for the safe operation of their laboratories. If you are renovating or repairing a section of your laboratory, you are responsible for ensuring the actual site is cleared, cleaned, decontaminated and disinfected and made safe for the contractors performing the work.

Areas within the laboratory to be repaired:			
Date of renovation:		Any special requirements:	
Are you or the Department aware of any liquid mercury or other persistent hazardous material having been used in any of the lab spaces either before or during your time of occupancy?	Yes	No	N/A
The work area for renovation/repair has been appropriately disinfected for Biohazardous materials: If Yes, please specify method:	Yes	No	N/A
The work area for renovation/repair has been properly cleaned and cleared of all Chemicals and/or chemical residue that is present as a result of routine lab work or spills. If Yes, please specify method:	Yes	No	N/A

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**Part B Continued:**

<p>The work area for renovation/repair has been properly cleared of all Radioisotopes and any contamination has been removed. Research lab must complete swipes and provide values in the below table.</p> <p>RSO (Office of EHS) has completed confirmation swipes: (RSO will attach to this doc)</p> <p>Initials of RSO _____ Date: _____</p> <table border="1"> <thead> <tr> <th>#</th> <th>location</th> <th>Swipes Bq/cm2</th> <th>Survey <math>\mu</math>Sv/h</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				#	location	Swipes Bq/cm2	Survey $\mu$ Sv/h																																													Yes	No	N/A
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<p>The area undergoing renovation or repair has been completely cleared and demarked with "CAUTION" tape (provided by EHS). All lab work during renovations will undergo a local hazard assessment to ensure proper safety procedures are followed.</p>				Yes	No	N/A																																																
<p>A "Safe to work" sign has been posted in the applicable areas of the laboratory which has been signed by the PI.</p>				Yes	No	N/A																																																
<p>Contractors and service workers conducting renovations have been advised of proper procedures including: emergency response, hazards in the lab MSDSs as applicable etc.</p>				Yes	No	N/A																																																

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**Part C: COMPLETE Laboratory Exit/Renovation/Decommissioning ONLY**

Reason for Closeout (Renovation, Moving to a new location, Concluding research activities, etc.):	Date of Move or Exit:		
New Laboratory Location(s) (if lab is moving):			
Do you have biological/ chemical/radiation materials or equipment such as freezers, fridges that have been stored in other rooms, including cold rooms, outside of your laboratory? If Yes, ensure that all answers below apply to ALL applicable rooms.	Yes	No	N/A
Are you following the Guidelines for Laboratory Closures ( <a href="http://www.ehs.utoronto.ca/services/environmental/labdecom.htm">http://www.ehs.utoronto.ca/services/environmental/labdecom.htm</a> )?	Yes	No	N/A
Biohazardous/Chemical/Radioactive materials have been destroyed/ disposed/transferred (416-946-3473). If Yes, please specify method (and/or transfer information as applicable):	Yes	No	N/A
Biosafety cabinets have been disinfected via professional fumigation (if yes provide copy of confirmation of completion).	Yes	No	N/A
All hazard signs, labels, laboratory rules, waste containers have been removed from equipment, cabinets, doors, etc.	Yes	No	N/A
All unused supplies have been reallocated to the new lab or other licensed labs within the department or disposed of through the EHS waste program.	Yes	No	N/A

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**Part C Continued:**

The RSO (Office of EHS) has completed confirmation swipes: (RSO will attach to this doc) Initials of RSO _____ Date: _____				Yes	No	N/A
#	location	Swipes Bq/cm <sup>2</sup>	Survey $\mu$ Sv/h			

**CERTIFICATION:**

By my signature, I certify that the information provided in this Decommissioning Report is accurate and that no biohazardous, radioactive or chemical materials have been abandoned in the laboratory or transferred without approval of the EHS office. I certify this location to be biohazard, radioisotope and chemical hazard free.

**Signature, Principal Investigator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature, Department Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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