Environmental Health and Safety Laboratory Close-out Inspection

This inspection is required for all lab closeouts and moves, and complies with the EHS Laboratory Start-up and Close-out policy EHS405. This form is required whenever a lab moves to a new location, leaves ASU, ceases operation, or when piece of equipment is removed from a lab for disposal, transferred to another lab, owner or to ASU Surplus. Return completed form to ASKEHS@asu.edu

Laboratory location information

Building and room number: ____________________ Department: ____________________

PI, Department or Project Manager: ___________________ Telephone number: ____________________

Email: ____________________

Equipment

Is there any equipment being left in the lab? | Check the appropriate box  □ Yes  □ No

Describe each item and detail any possible contamination concerns below:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Biologicals

Have the following items been removed from the lab? | Check the appropriate boxes below:

Biologicals □ Yes  □ No  | Biohazardous waste □ Yes  □ No

Chemicals

Have the following items been removed from the lab? | Check the appropriate boxes below:

Chemicals □ Yes  □ No  | Chemical waste □ Yes  □ No

Radiation

Have the following items been removed from the lab? | Check the appropriate boxes below:

Lasers or equipment □ Yes  □ No  | Radiologicals □ Yes  □ No  | Radiological waste □ Yes  □ No

Cylinders

Have all cylinders been removed? | Check the appropriate box | □ Yes  □ No

Inspectors Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Inspected by______________________________ Date__________________