Preparing for a lab or equipment move | lab manager responsibilities

This form is required prior to all lab closeouts, moves or equipment moves. It complies with the EHS Laboratory Start-up and Close-out policy. This form is required whenever a 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 / room number: ____________________ Department: ____________________

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

Email: ____________________ Move/close-out date: ______________ Today's date: ______________

Type of move | Check the appropriate box

□ Equipment only    □ Lab close out    □ Other __________________

New location information

Campus: ________________ Building: ________________ Room number: ______________

Surplus _________________ Other  __________________

Chemicals and Biologicals

Inspect all areas for chemical and biological materials. Verify all materials moving have been identified. Ensure any remaining chemical or biological waste is properly contained and clearly identified and tagged as waste. Schedule a waste removal.

Radiation

Inspect all areas for radiologicals. Make sure all Lasers, RAD chemicals, and waste are identified and relocation has been scheduled. Make sure any radiological waste is properly contained, clearly identified and tagged for removal by the ASU Office of Radiation Safety. https://cfo.asu.edu/radiation-safety

Cylinders

Make sure all cylinders have been scheduled for removal or relocation with ASU Gas Services.

Equipment

All equipment being moved, sold or transferred to ASU Surplus must be inspected by EHS or authorized representative prior to removal from the lab. All equipment must be free of biological, chemical, and radiation contaminants, prior to relocation. ASU Surplus will not accept any equipment that has not been decontaminated, inspected and approved for transfer. Contact EHS to schedule an inspection.

Is there any equipment scheduled for removal? | Check the appropriate box □ Yes □ No

Describe each item and detail any possible contamination:

____________________________________________________________________________________
____________________________________________________________________________________
___________________________________________________________________________________