

Actions Taken		Check when completed
Radiation	Radioactivity - Are/Were sources of radioisotopes utilized or radiation-producing machines present? If No , go to X-ray Equipment.	
8	If YES, relocate any radioactive materials to another permitted location and update inventory as appropriate OR arrange to transfer unwanted stock vials and sources with EHS. Properly dispose of waste and confirm leak/contamination testing Door signs and Radioisotope Permits may only be removed by Radiation Safety Officer.	
9	X-ray Equipment - Is there X-ray Equipment in this room? If No , go to Laser – Open Beam.	
10	If YES, relocate X-ray Equipment to another room. Before X-ray Equipment may be used in a new location, Radiation Safety Officer must be informed to determine if leakage tests, permit amendments and/or notification of the province is required. Door signs and X-ray Permits may only be removed by Radiation Safety Officer.	
11	Laser – Open Beam - Is this room signed “Danger Laser? If No , <input type="checkbox"/> go to Supplies and Lab Equipment.	
12	If YES, relocate laser(s) to another room Inform Laser Safety Officer of the change of status related to the lasers.	
Supplies and Lab Equipment		
13	Remove all lab supplies and equipment for room including items in drawers and cabinets and on shelves. Be sure to update capital assets as appropriate.	
14	Inspect all areas for needles, razor blades, scalpel blades and broken glass. Dispose of sharps in a puncture proof container. Dispose of unwanted glassware and brittle plastic in plastic bag lined cardboard boxes or commercial 'Broken Glass' boxes.	
Cleaning		
15	Remove all visible residues, standing liquids, loose particulate material from bench tops, shelves, cabinets, inside drawers and floors. Wipe all accessible surfaces with mild detergent such as soap and water.	
16	Clean out fume hood. <input type="checkbox"/> check if there is/are no fume hood(s) in the room	
17	Place all general garbage in garbage or recycling cans, as appropriate.	
18	Is it possible hazardous products (radiological, biological or chemical materials) may be present in the building systems? <input type="checkbox"/> Not applicable <input type="checkbox"/> fume hood ducts <input type="checkbox"/> drains/traps <input type="checkbox"/> other – specify:	
Signature confirms information supplied in form is accurate:		
DECLARATION OF COMPLIANCE: _____		
Signature		Date
Reviewed by EHS	Hazard Decommissioning	Records
Name Signature Date	Chemicals verified: Biologicals verified: Radiation verified:	Registered equipment updated? List Permit(s) to be updated: Academic Department Compliance: