

## CLOSE-OUT PROCEDURES FOR DEPARTING/RETIRING FACULTY AND STAFF

Proper disposition of all hazardous materials used in the workplace is the responsibility of the chemical user or supervisor/Principal Investigator (PI) to whom a chemical use room/laboratory is assigned. Enforcement of this policy is the responsibility of the supervisor/PI. Proper disposition of hazardous materials is required whenever a chemical user leaves the University or transfers to a different laboratory/chemical use room. This process should be started at least a month before departure from the chemical use room/laboratory to allow ample time to properly dispose all materials. Hazardous waste pickup should be completed before the chemical use room/laboratory is vacated. The disposal must be in compliance with the University's Hazardous Materials Management Plan. The following checklist should be completed prior to the chemical user's departure. Once completed, the checklist should be signed and submitted to the user's Dean or Director and to the Environmental Health and Safety Office (EHSO).

If periodic inspections by the EHSO reveal that proper close-out procedures have not been followed, the EHSO will oversee correction/remediation of any problems created by failure to follow those procedures, and the cost of correcting those problems will be charged to the budget of the level V unit within which the problems were identified by the EHSO.

## CHEMICAL USER CLOSE-OUT CHECKLIST

DATE: \_\_\_\_\_

SUPV/PI: \_\_\_\_\_

BLDG: \_\_\_\_\_

DEPT: \_\_\_\_\_

ROOM(S): \_\_\_\_\_

REQUIREMENT	YES	NO	COMMENTS
1. Have shared storage units such as refrigerators, freezers, cold rooms, stock rooms, etc. been properly surveyed in order to locate and appropriately dispose/designate remaining chemicals?			
2. Are all chemical containers labeled and/or listed in a logbook or inventory with the name and hazard?			
3. Are all containers securely closed and in good condition?			
4. Have beakers, flasks, vials, evaporating dishes, etc. been emptied and the contents properly disposed? Remember to check refrigerators, freezers, cold rooms, fume hoods, biological safety cabinets, bench tops, storage cabinets, stock rooms, etc.			
5. Have you determined which chemicals and compressed gas cylinders are usable and transferred responsibility for those materials to another party who is willing to take charge of them? If a new user cannot be found, the materials must be disposed.			
6. Were controlled substances disposed of as specified by the Drug Enforcement Agency (DEA) permit under which they were held? Abandonment of a controlled substance is a violation of the DEA requirements.			
7. Was permission received from the DEA to transfer ownership of a controlled substance to another individual?			
8. Were non-transferable compressed gas cylinder connections removed, cylinder caps replaced, and cylinders returned to suppliers? If cylinders are non-returnable, contact the Hazardous Material Management Program at x63198.			
9. Has all laboratory equipment been cleaned or decontaminated? Were fume hood surfaces and bench tops washed?			

10. If laboratory equipment will be discarded, have the following items been removed prior to disposal: capacitors? transformers? mercury switches and thermometers? refrigerant fluids containing chlorofluorocarbons? radioactive sources and chemicals? Contact the Environmental Health and Safety office (EHSO) for assistance.	     	     	
11. Were chemicals targeted for hazardous waste disposal prepared by following procedures in the Hazardous Materials Management Program?			
12. Did you leave a copy of your lab notebook in the lab? Its care has been transferred to _____.			
13. Have you submitted the completed checklist to your Dean or Director and the EHSO? <b>EHSO Fax: 63205    Email: labsafe@hawaii.edu</b>			

**NOTE: If any radioactive material or biological commodities were used in the lab, please contact the Radiation Safety Officer (66475) and/or the Biological Safety Officer (63197) at the EHSO.**

**REQUIRED SIGNATURES:**

\_\_\_\_\_  
Chemical User

\_\_\_\_\_  
Supervisor/PI

\_\_\_\_\_  
Department Head\*

\*By signing this checklist, you as Department Head are declaring that items 1 through 13 have been addressed. No signature would mean that the lab has not been closed-out properly. Therefore, the transfer of lab equipment to departing staff will be delayed.