

Termination of Laboratory Use Check-Out List

Name _____ Title _____

Room # & Building _____

Chemicals **Date Completed or N/A**

- Check all cabinets, benches, fume hoods, refrigerators, etc. _____
- Evaluate all chemicals and label all containers _____
- Transfer responsibility of chemicals to: _____
- Evaluate all samples and label all containers _____
- Transfer responsibility of samples to: _____
- Prepare chemical waste for shipment. Submit *Montana Tech Hazardous Materials Manifest* form to EH&S _____
- Confirm that hazardous waste has been removed _____
- Clean laboratory surfaces _____

Gas Cylinders

- Return to supplier. For non-returnable cylinders, contact EH&S _____
- Or transfer responsibility to: _____

Microorganisms and Cultures

- Autoclave waste _____
- Disposed of waste in proper manner _____
- Clean incubators, ovens, and refrigerators _____
- Transfer responsibility of samples to: _____

Controlled Substances

- Contact U.S. Drug Enforcement Agency regarding status of permit _____
- Arrange for disposal by calling EH&S _____

Animal Tissue

- Dispose of tissue. Method _____
- Dispose of preservative. Method _____
- Clean refrigerators and freezers _____
- Transfer responsibility of samples to: _____

Equipment

- Clean or decontaminate equipment to be left in place _____
- Contact EH&S regarding disposal of equipment _____

Shared Storage Areas

- Check all shared storage areas for hazardous materials _____

Department Sign-Off

Researcher Signature _____ Date _____

Department Head Signature _____ Date _____

EH&S Director Signature _____ Date _____

Account to be in charge for disposal _____