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For information, contact:  
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**MEHARRY MEDICAL COLLEGE**

**Laboratory Closeout Notification**

Department: \_\_\_\_\_  
Lab Location: Bldg. \_\_\_\_\_ Room(s) \_\_\_\_\_  
Lab or Dept. Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Principal Investigator: \_\_\_\_\_ Phone # \_\_\_\_\_  
Date estimated for moving out of lab: \_\_\_\_\_  
Reason for Close Out: \_\_\_\_\_

1. What biosafety level applies to the lab?
2. Were radioactive materials used in the lab? Yes No  
If yes:
  - All radioactive materials and waste must be removed by the Radiation Safety Officer. Call 6642.
  - Large equipment that will be moved by the movers that are labeled with "Caution Radioactive Material" stickers must be emptied by lab personnel and surveyed for contamination by the Radiation Safety Officer. Contact the Radiation Safety Officer to arrange the surveys.
3. Will freezers and/or refrigerators containing biological materials be moved by movers? Yes No  
If yes:
  - Potentially infectious materials (including all human or non-human primate material, including cell lines) must either 1) be removed from these items and moved appropriately by laboratory staff .Will biological safety cabinets (also called laminar flow tissue culture hoods) be moved? Yes No  
If yes:
    - The MMC EH&S Office must be contacted to determine whether the risk of release of potentially harmful materials exists before they are moved. EH&S will determine whether or not the BSC must be decontaminated by an accredited field certifier PRIOR to the move. Call Dremund Powell at 6642.
    - BSCs must be recertified AFTER the move and PRIOR to any use in their new setting.
4. Were chemicals used in the lab?  Yes  No  
If yes:
  - All chemicals and chemical wastes must be removed by the MMC EH&S Office.
  - The movers will not move your chemicals. Make sure that you have the necessary equipment (including packing materials and carts) to safely transport your chemicals. Contact Dremund Powell for assistance.

I understand that the lab(s) listed above must be emptied of **ALL** chemicals, including chemical wastes, radioactive materials, radioactive wastes, biological materials, biological wastes, sharps, and sharps containers through the appropriate procedures prior to vacating the lab(s).

\_\_\_\_\_  
*Signature, Principal Investigator*      *Date*      \_\_\_\_\_  
*Signature, Department Chair or*      *Date*  
*Designee*