

# Laboratory Closeout Checklist

Principal Investigator/Authorized User: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Building and Room Number(s): \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

This is to certify that the laboratory equipment and/or room listed above is considered safe for maintenance work and/or occupancy. All radioactive materials have been removed. All potentially contaminated surfaces have been decontaminated in accordance with Radiation Safety Department requirements.

	Inspection Date		
	Yes	No	N/A
<b>Check the box that is applicable:</b>			
Radioactive isotopes removed			
Radioactive waste removed			
Personnel dosimetry badges returned			
Equipment, drawers, and cabinets are emptied, cleaned, and wiped down			
Fume hood(s) emptied and cleaned			
Broken/uncontaminated glassware removed or disposed in glass waste box			
General cleanliness and hygiene acceptable			
Final PI/ARU survey of all laboratory areas, equipment, and furniture complete (see attached results)			
<b>TO BE COMPLETED BY RSD</b>			
RSD survey conducted <600 dpm/100 cm <sup>2</sup> <0.02 mR/hr			
Radiation hazard/warning signs removed (by RSD)			
Other/comments:			

\_\_\_\_\_  
**Signature, Principal Investigator/Authorized User**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Department Chairperson**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Radiation Safety Officer/Designee**

\_\_\_\_\_  
**Date**

**RADIATION SAFETY DEPARTMENT**  
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