



APPENDIX A – LABORATORY PRE-CLOSEOUT SURVEY
Top half to be completed by researcher at least 2 weeks prior to departure.
Once completed, call RM&S (1-5037) to conduct a close out inspection.

Researcher Name: _____ Email: _____ Phone: _____
 Contact Name/Information if Researcher not available: _____
 Dept.: _____ Building and Lab#(s): _____ Departure/Move-out Date: _____

Types of Hazardous Materials Used and/or Still Present:

- | | |
|--|---|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Biohazardous Materials |
| <input type="checkbox"/> Gas Cylinders/Lecture Bottles | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Controlled Substances | |

Are all containers clearly labeled? Yes No
 Are all containers sealed? Yes No

Were any of the above transferred to other ND personnel? Yes No If yes, to whom? _____
 Will any hazardous materials need to be shipped to another institution/facility? Yes No
 Are there any waste containers? Yes No
 Are all waste containers clearly labeled? Yes No
 Are all waste containers sealed? Yes No

TO BE COMPLETED BY RISK MANAGEMENT AND SAFETY

Chemicals: _____
 Biohazards: _____
 Gas Cylinders: _____
 Radioactive Materials: _____
 Waste: _____
 Shipping Needed: _____
 Additional Comments: _____

Researcher or Designee Signature: _____ Date: _____
 RMS Signature: _____ Date: _____
 RMS Signature: _____ Date: _____
 Unit Dir./Dept. Chair or Designee Signature _____ Date: _____