# INSTITUTIONAL BIOSAFETY COMMITTEE

# SAN JOSÉ STATE UNIVERSITY

# BSL-1 or BSL-2 LABORATORY CLOSEOUT CHECKLIST

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| **Laboratory Information** |
| Principal Investigator: |
| Email:  | Phone Number: |
| Location of Laboratory Space(s) to be Closed Out, Floor/Room Number(s): |

Complete the following checklist for vacating labs, and, if necessary, shared common rooms and walk in cold rooms/freezers/etc. Once complete, send a signed copy to biosafety@sjsu.edu.

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| **Biohazardous Materials** |
| ☐ All laboratory equipment (incubators, water baths, refrigerators, freezers, centrifuges, etc.), has been completely disinfected/decontaminated of biologically active contaminating materials. Equipment Decontamination form is required. Remove warning stickers. ☐ All liquid, solid, and sharps biohazardous waste must have been collected and disposed of -via autoclaving or sent out as biohazardous waste for off-site disposal.☐ All carcinogen/biohazard agents, which have been stored in the laboratory, “common use” areas, including “cold rooms”, must have been either consumed, inactivated, disposed of as biohazardous waste or appropriately packaged for shipping to the new facility.☐ For IBC, IACUC and IR registered work, protocol must be closed or updated for the new location prior to move. |

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| **Chemicals** |
| ☐ All unknown containers/materials have been identified.☐ All expired and unwanted chemicals have been removed from the lab and properly disposed of; and select chemicals prepared for relocation.☐ Gas cylinders have been returned to the vendor/stockroom. |

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| **General Housekeeping** |
| ☐ All broken glassware (clean) has been placed into glass disposal boxes for pick-up.☐ All laboratory drawers are cleaned out and all items disposed of properly.☐ All unwanted equipment (to dispose or donate) has been properly decontaminated and contains a decontamination form.☐ All refrigerators and freezers have been cleaned and defrosted.☐ Unwanted debris (papers, books) are placed in trash cans and/or bags.☐ No items are stored in halls preventing emergency means of egress.☐ No items are blocking the use of fire extinguishers, fire alarms, safety showers, or eye wash stations. |

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| **Additional Considerations** |
| ☐ Carefully inspect any shared space in order to locate and properly dispose of hazardous materials.☐ Recycle paperwork/documents or destroy by university procedures.☐ Notify Facilities of any concerns regarding the space. |

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| **Clearance** |
| I certify that the laboratory space(s) under my supervision have been adequately cleaned out and decontaminated. |
| Principal Investigator Signature: | Date:  |
| Biosafety Officer Signature:  | Date |

To be kept on file for **three (3)** years.