



### MSU Laboratory Clearance Checklist

Building: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Room #: \_\_\_\_\_

PI: \_\_\_\_\_

Completed By: \_\_\_\_\_

Signature: \_\_\_\_\_

ITEM	YES	NO	NA
Radiation closeout survey completed by the EHS.			
All hazardous waste removed from the lab by the EHS.			
All biohazardous waste removed from the lab by the EHS.			
All gas cylinders returned to supplier. If supplier will not take them back please contact EHS Hazardous Waste Group.			
All chemicals removed from the lab; work with EHS Hazardous Waste Group.			
All biological materials removed from the lab.			
The following equipment has been decontaminated and an Equipment Release Form completed where appropriate.			
Refrigerators			
Freezers			
Storage cabinets			
Bench tops			
Fume hoods			
Biological safety cabinets			
Clean benches			
Other equipment:			
Other equipment:			
Other equipment:			
Other equipment:			

Comments: \_\_\_\_\_

\_\_\_\_\_