

## MSU Laboratory Clearance Checklist

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

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

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

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

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

ITEM	YES	NO	NA
Radiation closeout survey completed by the ORCBS.			
All hazardous waste removed from the lab by the ORCBS.			
All biohazardous waste removed from the lab by the ORCBS.			
All gas cylinders removed from the lab.			
All chemicals removed from the lab.			
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: \_\_\_\_\_

\_\_\_\_\_

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