LABORATORY DECOMMISSIONING CLEARANCE AUTHORIZATION
FOR EHS USE ONLY

Laboratory Information:
__________________________________________________________
Principle Investigator/Responsible person
__________________________________________________________
Campus
__________________________________________________________
Department
__________________________________________________________
Building
__________________________________________________________
Date of survey
__________________________________________________________
Room(s)

A decommissioning survey has been performed by Environmental Health & Safety (EHS) on the laboratory space(s) listed above.

The following officials have also completed closeout surveys for the identified spaces.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>The Office of Biosafety</td>
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<td>EHS’s Radiological Safety Program</td>
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Based on visual inspection of the identified area(s), information submitted to EHS by the person responsible for those areas, and/or verification of hazard removal by the above groups, the status of the laboratory space is as follows. (Check the appropriate response.)

- [ ] The laboratory areas listed above have been successfully decommissioned and are cleared for reassignment to a new researcher; for re-occupancy as a non-laboratory space; or for construction, renovation, remediation, and/or abatement.
- [X] The following issues must be addressed and a follow-up survey completed before the laboratory space may be re-assigned:
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

EHS Representative Conducting survey: __________________________________________________________

__________________________________________________________
Title
__________________________________________________________
Date
__________________________________________________________
Signature