



Laboratory Closeout Policy	
Responsible Official: Chief Operations Officer	Responsible Office: Environmental Health and Safety/Facilities Management

Policy Purpose

This policy specifies the procedures necessary to ensure the safe and compliant transfer or disposal of hazardous materials or equipment occasioned by ETSU laboratory closures, renovations, or transitions in occupancy.

Policy Statement

This policy applies to all ETSU and ETSU-affiliated research and teaching laboratories, auxiliary laboratory support areas, and to all ETSU-affiliated clinics. This policy outlines the procedures for the management and removal of all chemical, biological, and radiological hazards prior to laboratory closures, renovations, or transitions in occupancy.

The [Principal Investigator](#) and department are responsible for ensuring that the transfer or disposal of chemical, biological, and radioactive materials, sharps, and other hazardous wastes are properly completed prior to vacating a space. The Principal Investigator and department are responsible for the decontamination of equipment, hoods, storage cabinets, and counters must be completed and arrangements made for the removal of unwanted lab equipment, supplies, electronics, and furniture.

All Principal Investigators, faculty, department chairs, deans, OSHA coordinators and research assistants or other laboratory staff should become familiar with the conditions set forth in this procedure.

The ETSU Environmental Health & Safety Office (EHS) will assist departments with the laboratory closeout process in order to ensure compliance with this policy.

I. Roles and Responsibilities.

A. Department Chair.

1. The Department Chair Ensures that all faculty and Principal Investigators are

aware of the responsibilities and procedures contained in this policy.

2. The Department Chair shall ensure that this procedure is distributed to all Principal Investigators and Faculty in their department.
3. The Department Chair shall notify the Environmental Health and Safety Office if a Principal Investigator or Faculty member is leaving, transferring their lab to another, or closing a lab.
4. The Department Chair coordinates with departmental staff to develop a plan that includes the following chemical and biosafety closeout procedures.

A. College Dean

The College Dean provides a funding/account index for the cost of disposal for all chemical, biological, or radioactive waste associated with the laboratory clean out. EHS/Facilities Management is responsible for the cost of disposal for normal hazardous waste accumulations; however, departments will need to pay for larger lab cleanouts.

B. Principal Investigator.

1. The Principal Investigator or faculty member must contact their Department Chair, OSHA Coordinator, and the Environmental Health and Safety Office when vacating or closing a laboratory to begin the decommissioning process thirty (30) days prior to the anticipated change.
2. Coordinate the closeout process with the Departmental OSHA Coordinator, Department Chair, and the Environmental Health and Safety Office.

C. Environmental Health and Safety Office.

1. EHS provides guidance on characterization, handling, treatment, and disposal of biological, chemical, and radiological waste. Collect, transport, store, and coordinate final disposal of biohazardous sharps waste, and chemical and radiological waste.
2. With regard to hazardous materials requiring special handling, treatment, or disposal (for example, shock sensitive compounds), EHS provides technical guidance and assistance in coordinating removal and disposal by a third-party (as required).
3. EHS provides guidance and assistance on packaging and labeling of hazardous materials for transfer or shipment.

4. EHS is responsible for verifying that all safety hazards have been removed from the laboratory.
5. EHS shall coordinate with a licensed contractor to remove and dispose of all hazardous waste from the laboratory.
6. EHS shall coordinate with the Principal Investigator, OSHA coordinator, and Department Chair to ensure that biological hazards are either destroyed, transferred, or safely stored in accordance with federal, state, local, and/or institutional standards.
7. EHS is responsible for clearing all items, such as laboratory equipment, before transfer to surplus.

Authority: T.C.A. § 49-8-203, et. Seq; *Tennessee Occupational Safety and Health Act*, T.C.A. §50-3-101 et. Seq; 29 CFR 1910.1450, OSHA, *Occupational Exposure to Hazardous Chemicals in Laboratories*; [National Institutes of Health \(NIH\), Office of Research Services *Decontamination and Sterilization*](#); [Centers for Disease Control and Prevention \(CDC\) *Decontamination and Disinfection, CDC BMBL Appendix B*](#)

Previous Policy: Facilities Management Laboratory Closeout Policy 700.37

Defined Terms

A defined term has a special meaning within the context of this policy.

Auxiliary Laboratory Support Areas	Chemical storage areas, or areas where hazardous materials or equipment are used, stored, or disposed of.
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Policy History

Effective Date:

Revision Date:

Procedure

- I. Chemical Safety Closeout Procedure.
 - A. Label all chemical containers with the proper chemical name. Abbreviations, chemical formulas, or structures are not acceptable.

- B. Close all containers securely.
- C. Empty all beakers, flasks, evaporating dishes, oil/water bathers into the proper container and dispose of appropriately.
- D. Dispose of empty containers in the trash after removing all markings and writing "EMPTY" on the Container. Triple rinse empty acid containers before disposal. Empty containers which held acutely toxic chemicals should be disposed of through EHS. Do not dispose of any chemicals in the trash or down the drain, regardless of hazard rating.
- E. Check containers for expiration dates and signs of corrosion crystallization. Peroxide-forming materials should be disposed of if the container has been opened and is more than 12 months old, or if it has not been opened and is more than one year old. Always dispose of by the expiration date listed by the supplier.
- F. Provide an inventory of all chemicals that will be disposed of to the EHS Office. The Environmental Compliance Manager will obtain an estimate of the waste disposal cost and forward the estimate to the department chair and dean for approval. The dean will provide the funding/index account to be charged for the disposal of the hazardous waste.
- G. Remove regulators, replace cylinder caps, and return all compressed gas cylinders to the vendor (Airgas).
- H. Contact EHS for disposal of any compressed gas cylinders which are nonreturnable.
- I. Properly prepare all biohazard waste for pickup by waste vendor.
- J. Notify EHS of any materials that could leave hazardous chemical residues (e.g., perchloric acid in a chemical fume hood) or areas that cannot be fully decontaminated (e.g., materials potentially containing asbestos; fume hoods; refrigerators used in the storage of highly toxic chemicals, etc.).
- K. Glassware that cannot be reused should be properly boxed up and secured disposal.

II. Biosafety Closeout Procedure.

- A. All infectious waste must be disposed of properly. There shall be NO infectious waste remaining in the lab regardless of who will be occupying the lab subsequently.
- B. Contact the EHS Office to evaluate biohazards to be moved and/or discarded.
- C. All biohazardous waste must be inactivated by an approved method (e.g. autoclaving) or

packaged for removal by regulated medical waste contractor.

- D. Notify the EHS Office of any equipment or areas that cannot be fully decontaminated.
- E. Verify that all sharps containers have been placed in biohazard container for pickup and disposal.
- F. Ensure that biological hazards are either destroyed, transferred or safely stored in accordance with federal, state and institutional standards.
- G. Remove regulators, replace cylinder caps, and return all compressed gas cylinders to the vendor (Airgas).
- H. Contact EHS for disposal of any compressed gas cylinders which are nonreturnable.
- I. Properly prepare all biohazard waste for pickup by waste vendor.

III. [Radiological Closeout Procedure.](#)

Procedure History

Effective Date:

Revision Date:

Related Form(s)

[Laboratory Inspection Policy](#) ; [ETSU Hazardous Waste Management Plan](#); [Bloodborne Pathogens Policy](#)

Scope and Applicability

Primary: Facilities

Secondary: EHS