DO NOT REMOVE

CHECK SHEET FOR VACATING ROOM

ROOM NUMBER_____

Post This Notice on the Door of the
Laboratory/Cold Room/Warm Room

This room has been cleaned of all hazardous materials (including broken glass and sharps) under my responsibility and no hazardous spills or residues are present in this room. Refrigerators, freezers, fume hoods, biological safety cabinets, storage cabinets, and sinks have been cleaned and appropriately disinfected.

_____ _____
Researcher Date

All hazardous materials and biomedical wastes have been removed from this room.

_____ _____
Chemical & Biological Safety Officer Date

This room has been wipe tested in accordance with the Texas Bureau of Radiation Control requirements. No fixed or removable contamination has been detected.

No wipe down of this room is necessary.

_____ _____
Radiation Safety Officer Date

Countertops, floors, and sinks have been properly cleaned and disinfected.

_____ _____
General Services Date

DO NOT REMOVE