

# RESEARCH SAFETY LABORATORY CLEARANCE CHECKLIST



## SECTION 1 – DETAILS OF THE PRINCIPAL INVESTIGATOR VACATING THE LABORATORY

Answer all questions (mark with an “X”) and return to: [hse@kaust.edu.sa](mailto:hse@kaust.edu.sa)

PI Name (Please print):		LAB Details: (FLOC No., B4-0250)	
Office Number:		Mobile number:	
Department:		KAUST ID:	

- I am:
- PI Leaving KAUST and Vacating the Laboratory Space
  - PI Leaving KAUST and Transferring the Laboratory to Another PI (**complete section 2 and 3**)
  - PI Moving Laboratory to a New Location on KAUST Campus

## SECTION 2 – TO BE COMPLETE BY THE PRINCIPAL INVESTIGATOR VACATING THE LABORATORY

Questions	Comment
1. <u>If PI Leaves KAUST</u> Have approved project (IBEC, IACUC, IRSC, DCB) been terminated or transferred to another PI? <div style="text-align: right; margin-left: 200px;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A                 </div> <u>If PI relocate Laboratory</u> Have approved project (IBEC, IACUC, IRSC, DCB) been amended to reflect new laboratory location?	
2. All unused chemicals and supplies are returned to chemical warehouse as per the Lab Decommissioning Procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. All hazardous wastes have been disposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. All broken glass, needles, etc. have been removed or transferred to another responsible party?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. All used lab coats have been appropriately discarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

6. Lab space and equipment have been cleaned and decontaminated (including benches, drawers, refrigerators, freezers, fume hood, biosafety cabinets, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Laboratory using radioactive substances (e.g. uranyl compound, etc.). Has a contamination monitoring of the laboratory space and/or equipment been provided to the RSO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Equipment remaining in the laboratory that cannot be switched off. Is a SOP available on the equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. All cabinets and storage areas are left open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Have all warning signs and labels removed from the laboratory space and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. If dosimeters were used, provide dosimeter(s) number and confirm that dosimeter has been returned to the RSO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. <u>If PI relocate Laboratory</u> Has the PI been introduced to the new BPOC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Insert details of any other actions taken:			

**SECTION 3 – TO BE COMPLETE IF PRINCIPAL INVESTIGATOR LEAVES KAUST AND TRANSFERS OWNERSHIP OF THE LABORATORY**

The section below should only be filled out by Principal Investigators that are transferring ownership of their research spaces.

**OUTGOING PRINCIPAL INVESTIGATOR**

I transfer the ownership and laboratory management responsibility, including all associated hazardous materials and equipment, to the principal investigator listed in INCOMING PRINCIPAL INVESTIGATOR section of this document. I confirm that I have explained the current operations and hazards associated with the laboratory to the INCOMING PRINCIPAL INVESTIGATOR.

Outgoing Principal Investigator Name: \_\_\_\_\_

Outgoing Principal Investigator Signature: \_\_\_\_\_

Date:

**INCOMING PRINCIPAL INVESTIGATOR**

I accept the ownership and laboratory management responsibility, including all associated hazardous materials and equipment, from the principal investigator in the OUTGOING PRINCIPAL INVESTIGATOR section of this document. I confirm that the current operations and hazards associated with the laboratory have been explained and that I will be responsible to decommission the laboratory space when I depart KAUST and/or when the lab personnel vacate the laboratory space.

Incoming Principal Investigator Name: \_\_\_\_\_

Incoming Principal Investigator Signature: \_\_\_\_\_

Incoming Principal Investigator KAUST ID: \_\_\_\_\_

Date:

**SECTION 4 – TO BE COMPLETED BY THE RESEARCH SAFETY TEAM REPRESENTATIVE**

Are the above statements true and the person cleared?  Yes  No

RST Representative Name: \_\_\_\_\_ KAUST ID: \_\_\_\_\_

Laboratory Visit Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If the laboratory (or assigned area) was found not free of hazards and a clearance cannot be issued, provide explanation below and communicate to the PI as well as Center Director or Dean by email.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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