Permitted Location Closeout Verification Form

Building: __________________________ Room(s): __________________________

Permitted Individual: __________________________ Department: __________________________

Permitted Individual Number: __________ Telephone: __________ Email: __________

Primary Contact: __________________________ Telephone: __________ Email: __________

(Person coordinating Closeout if not PI)

Location has been or will be reassigned to another Permitted Individual: Yes _____ No _____

If “yes”, responsibility for the location is being transferred to:

New Permitted Individual: __________________________ Telephone: __________ Email: __________

Check the following boxes once completed. Retain a copy of this form in your departmental files and bring the original to the scheduled closeout monitoring visit.

☐ Environmental Health & Safety has been notified of the closeout.
☐ All chemicals have been removed from the registered location(s) except chemicals that have been retained by the new Permitted Individual named above.
☐ All gas cylinders have been removed from the registered location(s) except cylinders that have been retained by the new Permitted Individual named above.
☐ All unwanted glassware, other labware, and equipment have been removed from the registered location(s).
☐ If biohazards have been used, contact EHS Biological Safety for decontamination instructions: https://ehs.missouri.edu/bio/programs/lab-closure
☐ If radioactive materials have been used, contact EHS Radiation Safety to deactivate the lab: https://ehs.missouri.edu/rad/procedures/closeout
☐ All unwanted electronics (central processing units, monitors, keyboards, printers, televisions, and scanners) have been removed/recycled via MU Surplus Properties: https://surplus.missouri.edu/index.html
☐ All areas have been thoroughly cleaned to assure removal of all hazardous residues. This includes bench tops, fume hoods, cabinets, drawers, floors, and refrigerators.

__________________________ Date __________________________
Signature of Permitted Individual (PI)

__________________________ Date __________________________
Signature of Building Coordinator

__________________________ Date __________________________
Signature of Department Chair

__________________________ Date __________________________
Signature of PI assuming responsibility of the location (if applicable)

Please remember: When vacating a permitted location, proper disposition of all hazardous materials is the responsibility of the Permitted Individual (PI) to whom the location is assigned. In the event of a closeout or relocation, it is important that the areas are left in a clean and safe condition for the next occupants and/or construction crews. If improper management of hazardous materials results in the necessity of cleanup services from EHS or an outside contractor, the responsible department may be charged for this service.

__________________________ Date of Closeout Monitoring Visit
Signature of EHS employee