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Permitted Location Closeout Verification Form

Building:	Room(s	s):
Permitted Individual:		Department:
Permitted Individual Number:	Telephone:_	Email:
Primary Contact: (Person coordinating Closeout if not PI) Location has been or will be reassign ff "yes", responsibility for the location	gned to another Peri	mitted Individual: Yes No
New Permitted Individual:	Telephone	:Email:
Check the following boxes once departmental files and bring the		
that have been retained by the in All unwanted glassware, oth registered location(s). If biohazards have been used instructions: https://ehs.missouri.edu. If radioactive materials have the lab: https://ehs.missouri.edu. All unwanted electronics (cettelevisions, and scanners) have https://surplus.missouri.edu. All areas have been thorout.	removed from the renew Permitted Individual	egistered location(s) except cylinders dual named above. ipment have been removed from the ogical Safety for decontamination ab-closure EHS Radiation Safety to deactivate
Signature of Permitted Individual (PI)	Date Sign	nature of Building Coordinator Date
Signature of Department Chair		nature of PI assuming Date consibility of the location (if applicable)
In the event of a closeout or relocat	Permitted Individua tion, it is important th ts and/or construction necessity of cleanup	PI) to whom the location is assigned. The areas are left in a clean and in crews. If improper management of services from EHS or an outside
Signature of EHS employee	<u> </u>	Date of Closeout Monitoring Visit