

THE UNIVERSITY OF SUSSEX

**LABORATORY CLEARANCE/STAFF DEPARTURE\***

**SAFETY PROCEDURES**

Building: ..... Room: ..... Storage locations: .....

- (1) I certify that the above room has been cleared, and checked by myself to be free of all biological agents, hazardous chemicals and radionuclides\*.

I have carried out a careful audit of the above materials for which I have responsibility and the following items have been transferred to the following named persons or disposed of as described overleaf.

Biological Agents: .....

Hazardous Chemicals: .....

Radionuclides: .....

Where necessary laboratory surfaces have been decontaminated using the following procedures:

.....  
.....

- (2) I also certify that the records required by the University local rules have been made up-to-date and submitted to the appropriate individuals.
- (3) I certify that the expenditure on any research/school projects for which I am responsible has been balanced.
- (4) I certify that I have made arrangements for any research students for whom I am responsible to be allocated a new supervisor and any necessary pastoral care has been attended to (e.g. provision of safety or research advice).
- (5) If it has been agreed that any equipment may be transferred to another institution (in accordance with the Staff Leaving Arrangements), I certify that I have notified the officer responsible for the staff inventory.

P.T.O.

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\* Delete as appropriate.

SIGNED: .....

NAME (BLOCK CAPITALS): .....

DATE: .....

Countersigned by:

BUILDING SAFETY SUPERVISOR: ..... DATE: .....

**THE COMPLETED FORM SHOULD BE SENT TO THE BUILDING & RESOURCES  
MANAGER (OR HEAD OF UNIT WHERE THERE IS NO BUILDING & RESOURCES  
MANAGER) PRIOR TO LEAVING THE UNIVERSITY.**

If necessary, the Buildings & Resources Manager should be consulted.

**THE UNIVERSITY OF SUSSEX**

**TRANSFERS AND DISPOSALS OF BIOLOGICAL AGENTS,  
CHEMICALS AND RADIOACTIVE MATERIALS**

RADIONUCLIDES

FINAL AUDIT DATE: .....

STOCKS HELD: .....

TRANSFERS MADE TO: .....	<u>Radionuclide</u>	<u>Quantity</u>
	.....	.....
	.....	.....
	.....	.....

DISPOSALS MADE: .....	<u>Radionuclide</u>	<u>Quantity</u>	<u>Disposal Route</u>
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

ALL SURFACES DECONTAMINATED  (tick box)

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BIOLOGICAL AGENTS

FINAL AUDIT DATE: .....

AGENTS HELD: .....

TRANSFERS MADE TO: ..... Agents transferred: .....

.....

.....

MATERIALS DISPOSED OF AS CLINICAL WASTE: .....

.....

SURFACES DECONTAMINATED  (tick box)

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CHEMICALS

FINAL AUDIT DATE: .....

STOCKS TRANSFERRED TO (Names): ..... .....

..... .....

GAS CYLINDERS TRANSFERRED\* TO (Names): ..... .....

..... .....

STOCKS DISPOSED BY THE FOLLOWING ROUTES:

TO CHEMICAL DRAIN: ..... TO LANDFILL: .....  
TO ATMOSPHERE: ..... TO OFF-CAMPUS INCINERATOR: .....  
.....  
(Chemicals sent for incineration on attached list)

GAS CYLINDERS DISPOSED BY THE FOLLOWING PROCEDURES:

.....  
.....

- \* All cylinders transferred must be checked for corrosion and if necessary repainted and relabelled.  
All must be clearly labelled and give an estimate of the quantity of material remaining.

The School will need to make a charge against the research grant to cover incineration and transport.

LABORATORY AND FUME CUPBOARD SURFACES HAVE BEEN DECONTAMINATED  (tick box)

SIGNATURE: .....

NAME (Block capitals): .....

DATE: .....