

**VA NORTHEAST OHIO HEALTHCARE SYSTEM  
Louis Stokes Cleveland DVAMC  
Medical Research Service  
Subcommittee on Research Safety Policy**

**Effective Date: MAY 13, 2020**

**SOP Title: LABORATORY DECOMMISSIONING POLICY**

**SOP Number: SRS--005**

**SOP Version: .09**

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1. **PURPOSE:** To ensure that all hazardous agents are removed from a laboratory by the departing investigator and his/her staff so that incoming personnel have a safe environment in which to work.
2. **POLICY:** All departing investigators must thoroughly clean the laboratory (ies) that they are leaving. All equipment, supplies, and hazards are to be removed following the specifications indicated in the procedure statements. Only previously approved materials will be allowed to remain in the laboratory. The laboratory will be inspected by the Research Safety Coordinator (RSC) / Chemical Hygiene Officer (CHO) to ensure compliance with this procedure. This policy will be followed without exception.
3. **DEFINITIONS:**
  - a. ACOS – Associate Chief of Staff
  - b. CFR – Code of Federal Regulations
  - c. CHP - Medical Research Service Safety Training Module and Chemical Hygiene Plan.
  - d. Departing investigator - The investigator who is moving out of a laboratory that he recently occupied.
  - e. Incoming investigator - The investigator who will be moving into a laboratory after decommissioning.
  - f. PI – Principal Investigator
  - g. Previously approved materials - Laboratory materials that are not wanted by the departing investigator and are wanted by the incoming investigator.
  - h. RSF #10 - Research Safety Form #10 - Laboratory Decommissioning Report (attached).
4. **RESPONSIBILITY:**
  - a. **ASSOCIATE CHIEF OF STAFF/RESEARCH:**
    - (1) Upon receiving a request for authorization to decommission laboratory space, the ACOS for Research must notify the VISN Safety Office to coordinate inventory and removal of hazardous materials, infectious agents, or equipment
    - (2) Reviews the recommendation of the RSC/CHO and, when applicable, the Radiation Safety Officer (RSO) before permitting work on a recently vacated laboratory, e.g., paint, remove shelves, etc.
    - (3) Imposes restrictions on departing investigators until decommissioning is complete.
  - b. **RESEARCH SAFETY COORDINATOR:**
    - (1) Places proposed laboratory decommissioning on SRS meeting agenda.
    - (2) Informs ACOS/Research and Investigator regarding SRS meeting outcome.

- (3) Makes available the Laboratory Decommissioning Policy and RSF #10.
- (4) Promptly inspects the decommissioned laboratory and completes the RSF #10.
- (5) Notifies the ACOS/Research and the departing investigator the results of the decommissioning inspection.

c. MEDICAL RESEARCH SERVICE SAFETY SUBCOMMITTEE:

- (1) Approves/disapproves of all laboratory decommissioning proceedings prior to a laboratory move or close-out.
- (2) Performs or delegates the duties of the RSC/CHO in the event that he/she is unable.

d. DEPARTING INVESTIGATORS:

- (1) VHA HANDBOOK 1058.01(May 21, 2010) states that:

A. A request for authorization to decommission laboratory space must be made in writing (to the SRS and the ACOS/Research) at least 1 month prior to implementation.

B. The PI or Laboratory Director must obtain authorization from the SRS and the ACOS/Research prior to reassigning, vacating, converting to non-laboratory use, or otherwise decommissioning existing laboratory space that requires identification and disposal of hazardous materials, infectious agents, or equipment between uses.

- (2) Cleans the laboratory that he/she is vacating as instructed in this policy.
- (2) Completes and submits the required RSF-10.
- (3) Successfully completes appropriate laboratory decommissioning before submitting orders or work orders to the Research Office.

e. TECHNICIAN:

- (1) Assists the investigator to comply with this policy.

5. PROCEDURE: Every investigator who moves out of a laboratory for any reason must decommission that laboratory. Decommissioning should take place after the majority of the laboratory contents have been removed except in the case of the loss of a funded program. All materials must be removed in accordance with the procedures listed below.

If the investigator has an approved off-site waiver (full or partial) and the move involves the transfer of OSHA and/or EPA deemed hazardous chemicals, the Green Environmental Management System (GEMS) Coordinator must be contacted. The GEMS Coordinator will ensure that all hazardous materials are transferred according to Department of Transportation regulations.

The investigator or his/her representative must complete the top of the RSF-10 and return it to the RSC/CHO in K-117 upon completion of the cleaning process. The RSC/CHO will conduct an inspection of the laboratory within one week to ensure compliance with this policy. The RSC/CHO will complete the decommissioning evaluation on the bottom of the RSF-10 and return a copy of the form to the departing investigator.

If the standards of this Laboratory Decommissioning Policy have been met, then decommissioning is complete. If not, the RSF-10 will indicate the areas where deficiencies were noted. The investigator must respond to the deficiencies within five working days. He/she must submit a new RSF-10 when corrections have

been made or submit a written statement to the RSC/CHO indicating the reason for noncompliance. The statement will be reviewed by the RSC/CHO and approved or not approved.

a. RAM:

INVESTIGATOR

- (1) Perform a close-out survey to document the laboratory is free of radioactive contamination.
- (2) Notify the Radiation Safety Officer of the laboratory status and request decommissioning.
- (3) Collect all radioactive waste and submit a radioactive waste pick-up request to Radiation Safety.

RADIATION SAFETY

- (1) Collect RAM waste, RAM material, and RAM user records.
- (2) Perform a detailed radiological survey to document that the laboratory meets the requirements for unrestricted use.
- (3) Notify the Authorized User and ACOS/Research of the radiological status and/or release of the laboratory for unrestricted use.

b. SHARPS: All sharps must be disposed of in proper containers as described in the CHP. Non-infectious sharps containers, full or not, must be sealed shut and marked "CAUTION - Sharp Materials". Containers containing infectious sharp materials must be marked "DANGER - Infectious Sharp Material". Full or not, they must also be sealed shut. All sealed sharps containers must be placed in the hallway to be disposed of by Environmental Management Service personnel. All sharps must be removed from the laboratory to complete the sharps decommissioning.

c. CHEMICALS: All chemicals must be removed from the laboratory by the departing investigator, or be awaiting disposal. For instructions on which chemicals can be taken and which must remain, see Moving Policy SRS-04. New owners can be found for VA purchased chemicals by circulating a list of available chemicals to all laboratories. The list of available chemicals must be circulated with no less than five working days of notice (unless waiting for disposal). After the list has been circulated, the departing investigator may take remaining chemicals to their new laboratory. Chemicals that remain after distribution and the move must be disposed of. Chemical disposal forms are available in room K-117 from the RSC/CHO or in room A-142 from the Safety Specialist. One form must be completed for each chemical to be disposed. Place these chemicals in a conspicuous location in the laboratory and clearly label them "FOR DISPOSAL". CHEMICALS ARE NEVER TO BE LEFT IN THE HALLWAY FOR ANY REASON.

d. EQUIPMENT: Remaining equipment must be cleaned and locked out (see Lockout/Tagout in the CHP). Tagged equipment is redistributed only through the Equipment Subcommittee. Equipment that cannot be repaired must be turned in to Acquisition and Materiel Management as excess. No equipment may be thrown out. The location of all equipment must be reported to the Program Assistant in room K-117.

e. GLASSWARE AND OTHER SUPPLIES: Only previously approved materials may be left in the laboratory. Glassware, dry goods, etc., remaining after distribution and the move, must be disposed of by the departing investigator. Remaining materials are generally boxed and labeled by the departing investigator for disposal by the Environmental Management Service.

f. CLEANING: Each laboratory must be free of all chemical or soil accumulation. This includes liquid chemical spills and dust or solid chemical spills on the counters, shelves or floor. Cupboards and drawers must be free of visible soil or chemicals.

g. COLD ROOMS AND THE FLAMMABLE CHEMICAL VAULT: These rooms will be checked for materials belonging to the departing investigator. For moves within the building, all material must be moved to

the closest cold room and must be relabeled with the investigator's new room number. For a move out of the building or if a laboratory is closing, the departing investigator must dispose of all material in these locations, as described in the Moving Policy 151-D and as above.

6. REFERENCES: VHA Handbook 1058.01, Research Compliance Reporting Requirements.

7. RESCISSIONS: Medical Research Service Policy 151-E dated March 13, 1991. The rescission date of this Subcommittee on Research Safety Policy is May 10, 2023.

8. FOLLOW UP: RSC/CHO

LOUIS STOKES CLEVELAND DVAMC  
10701 EAST BOULEVARD  
CLEVELAND, OHIO 44106

**LABORATORY DECOMMISSIONING REPORT**

Investigator \_\_\_\_\_ Date \_\_\_\_\_

Room(s) decommissioned \_\_\_\_\_

(please initial where applicable)

\_\_\_\_\_ All RAM was removed from this laboratory in accordance with Radiation Safety Office requirements and the laboratory was decommissioned by a member of Radiation Safety.

\_\_\_\_\_ All chemicals and sharp material are labeled and await disposal from this laboratory as outlined in Medical Research Service Standard Operating Procedure SRS--005, Laboratory Decommissioning Procedure dated October 1, 2010.

\_\_\_\_\_ The Program Assistant has been made aware of the location of all equipment as outlined in the Laboratory Decommissioning Policy.

\_\_\_\_\_ All glassware and other supplies have been removed from the laboratory as outlined in the Laboratory Decommissioning Policy.

\_\_\_\_\_ The laboratory is free of soil and chemical accumulation as outlined in the Laboratory Decommissioning Policy.

Comments:

Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have checked the physical condition of room(s) \_\_\_\_\_ and found it

- \_\_\_\_\_ does meet the requirements stated above.
- \_\_\_\_\_ does not meet the requirements stated above.

Comments:

Research Safety Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subcommittee on Research Safety Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

SRS Approval Date: \_\_\_\_\_