

CHEMICAL SAFETY
LABORATORY CLEARANCE FORM

To close a laboratory permanently or to relocate a laboratory, complete the following information and return to the Chemical Safety Office, CI-1001.

Date: _____

SECTION I – To be completed by the Principal Investigator

Name of Current Principal Investigator: _____

SSN: _____

Location of Chemicals - Bldg. & Room No.: _____

Name of
Department: _____

Departmental Manager: _____

Office - Bldg. & Room No.: _____ Departure Date: _____

Closure Objective:

_____ Permanent closure of laboratory – laboratory shut down or PI leaving the institution

_____ Laboratory relocating to: _____

Signature of Current Principal Investigator

Date

SECTION II – To be completed by the Chemical Safety Office

Date: _____

Signature below indicates the laboratories under this individual's care have been cleared by Environmental Health & Safety Division inspection.

Signature of EH&S Representative

Date

All information must be completed to transfer responsibilities for laboratories or chemicals prior to exit from MCG.