



Ames Procedural Requirements

APR 1700.1

Last Revised: 10-10-2008

COMPLIANCE IS MANDATORY

Ames Health & Safety Manual

Chapter 49 - Laboratory Decommissioning

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48.1 Overview

This procedure requires the removal of hazards from laboratory spaces when the user plans to vacate laboratory space. These plans to vacate a lab may include:

- Relocating to another laboratory within the same building
- Moving to another building on center
- Moving to an off-center location
- Terminating employment at NASA Ames Research Center

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49.2 References

1. Hazard Communication Standard (29 CFR 1910.1200) .
2. NASA Ames Health and Safety Manual, Chapter 13, Chemical Hygiene Program.

3. The Resource Conservation and Recovery Act (RCRA).
4. RC Regulations (10 CFR 20.1404 & 10 CFR 30.4).
5. Chemical Hygiene Standard (29 CFR 1910. 1450).
6. Bloodborne Pathogens Program (29 CFR 1910. 1030).
7. Ames Environmental Management Handbook, APR 8800.3, Chapter 4, Hazardous Waste Management.
8. Ames Environmental Management Handbook, APR 8800.3, Chapter 11, Closure Requirements

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49.3 General Requirements

- This procedure applies to all laboratories and auxiliary spaces serving laboratories.
- When laboratories are vacated, all chemical, radioactive and biological materials, sharps and other wastes must be removed and disposed of properly.
- To have chemicals picked up for disposal, please use this form (http://q.arc.nasa.gov/qe/forms/chem_pickup_Form-A.pdf).
- To have unopened chemicals picked up for recycling or reuse by another researcher, please use this form (http://q.arc.nasa.gov/qe/forms/ACE_Form-RC.pdf).
- If equipment held hazardous materials, waste products from decontamination shall be disposed of as hazardous waste.
- Working surfaces and storage locations can present potential sources of exposures. These areas must be properly cleaned and/or decontaminated.

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49.4 Definitions

Decommissioning: The formal deactivation of a laboratory, assuring the safety of the space for further cleaning, renovation, or occupancy. The decommissioning process involves a survey by Safety, Health and Medical Services Division for those locations where chemicals and biologicals were used. Radiation Safety will check those locations where radioactive materials were used.

Laboratory: A facility where relatively small quantities of hazardous chemicals, biologicals, and/or radiological agents are used on a non-production basis.

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49.5 Responsibilities

49.5.1 Directors, Division Chiefs, Branch Chiefs (and Supervisors)

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49.5.2 Safety, Health and Medical Services Division (Code QH)

- The PI or the Branch Chief must notify QH four weeks in advance of moving. Upon notification by the PI or the Branch Chief, QH will schedule an appointment to verify the following activities have occurred:
 - a. All chemical and biological materials have been properly removed, disposed and/or stored, after it has been decided that the chemical should not be transferred to the ACE;
 - b. All special in-house equipment that is no longer needed has been removed;
 - c. Drawers and cabinets emptied, and fume hoods cleaned and/or decontaminated;
 - d. All needles, razor blades and other sharps have been removed from cabinets, drawers and other surfaces; and placed in an approved sharps container for disposal;
 - e. All counter tops have been properly cleaned and/or decontaminated.
- QH will complete a Laboratory Decommissioning Clearance for Laboratory Areas.
- PI and Branch Management will be notified of the survey results. Laboratory personnel will be responsible for any additional corrective actions. Upon completion of decommissioning activities and a successful evaluation by QH, the area will be released for renovation or general clean up for reuse.

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49.5.3 Environmental Services (Code QE)

- PI or the Branch Chief must notify QE 120 days in advance of moving. Upon notification, QE will schedule removal of hazardous waste materials. The lab staff must complete the following actions prior to the removal of any hazardous waste:
 - a. A Hazardous Waste Accumulation Log label must be completed for each container removed from the lab. A "Form A" must be completed for the disposal of chemicals.
 - b. Waste containers must be suitable for transport (container compatible with waste, tight fitting caps, outside of containers clean). Contact QE for containers.
- Waste tags and additional information regarding disposal of chemicals is available upon request. Note: Prior to discarding unwanted chemical(s) that have not reached the expiration date, please contact the Ames Chemical Exchange.
- The PI or Branch Chief must notify QE four weeks in advance of transferring chemicals and/or compressed gas(es) to another PI. Upon notification, QE will meet with designated PI to ensure s/he is aware of the storage and monitoring requirements.

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49.5.4 Branch Chief/Supervisor

■ [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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49.5.5 Plant Engineering Branch

- [REDACTED]
- [REDACTED]

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49.5.6 Radiation Safety Officer

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

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49.5.7 Principal Investigators (PI) shall:

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

- [REDACTED]

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- [REDACTED]

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Appendix A. Request for Room Laboratory Decommissioning Inspection

NASA Ames Research Center

Safety, Health and Medical Services Division, Code QH, MUST verify decommissioning of all vacated laboratories. Decommissioning involves inspection by QH and if applicable, by the RSO in locations of radioactive materials use. All special in-house equipment must be removed; drawers and cabinets emptied, and fume hoods cleaned by laboratory personnel. Radiation Safety MUST be notified prior to transferring stock materials or possible radionuclide contaminated laboratory equipment (centrifuges, glassware, refrigerators, freezers etc.) to a new location. Radiation Safety MUST conduct stock material transfers in most instances. Please indicate on this form if a final waste pick-up by the Hazardous Waste Management Unit will be required before vacating a laboratory.

PI/ Radioactive Material Permit Holder/Lab Contact: _____

Code: _____

Building: _____ Room Number _____ Mail Stop _____

Phone Number: Office: _____ Lab: _____

Laboratory Currently Uses Radioactive Materials: Yes_____ No_____

List Laboratories Being Decommissioned (Include Cold Rooms, Common Equipment Rooms, etc.): _____

If Decommissioning A Room, Will Laboratory Be Vacated: Yes_____ No_____
Relocated: Yes_____ No_____

If Yes, Location To Be Relocated: _____

Date Change Will Become Effective: _____

Will A Hazardous Waste Pick-Up Be Required: Yes_____ No_____

Have any materials been used in the laboratory that may cause a hazard in the future to maintenance personnel working on the laboratory fume hood ventilation ducts? If yes, please list the chemicals, biological materials, or radioisotopes. _____

Principal Investigator/Authorized User:

Signature: _____

Date: _____

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Appendix B: Equipment Decontamination Form

EQUIPMENT HAZARD TAG

This tag is to be completed and affixed to lab equipment for the following actions: Removal for service or maintenance; relocation or transportation from the area of use; transferred equipment; equipment designated out-of-service; equipment removed for storage, sale or disposal.

Equipment: _____

Serial #: _____ Model #: _____

Contact Person: _____

Phone #: _____

Code/Division/Branch: _____

Building: _____ Room #: _____

LIST POTENTIAL CONTAMINANTS
(before cleaning / decontamination)

___ Chemical ___ Biological

___ Radioactive ___ No hazard

RADIOACTIVE MATERIALS:

If radioactive materials were used/stored in

the equipment, Radiation Safety must be contacted to conduct a survey.

Did the radiation safety survey indicate no detectable levels of radioactive contamination internally or externally?

Yes___ No___

EQUIPMENT CLEANING:

List actions taken to clean/decontaminate equipment:

EQUIPMENT OWNER: I certify that the above lab equipment has been cleaned and decontaminated of all chemicals, biological, and radioactive contaminants.

Name: _____

Date: ____ / ____ / ____

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Appendix C: Decommissioning Clearance Form

A copy of this document will be posted on the door of locations surveyed

Principal Investigator _____ Phone: _____

Code _____ Bldg. _____ Room _____

Phone Number _____ Projected Start Date _____

END OF DOCUMENT

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED

e _____

| Compliance Activity | Initial Survey | | | Final Survey | | |
|---|----------------|----|-----|--------------|----|-----|
| | YES | NO | N/A | YES | NO | N/A |
| Check the box that is applicable | | | | | | |
| QH has surveyed the laboratory | | | | | | |
| Proper removal/disposal/storage of all chemicals | | | | | | |
| Chemical storage areas are clean, w/surfaces wiped down | | | | | | |
| Drawers and cabinets are emptied, cleaned, wiped down | | | | | | |
| All compressed gas cylinders have been removed | | | | | | |
| All biohazards have been disposed of properly | | | | | | |
| Biosafety Cabinet(s): Decontaminated? | | | | | | |
| Laboratory has been checked for mercury contamination (if | | | | | | |