

ADMINISTRATIVE PROCEDURE

ADMIN-23

Marshall University Laboratory Vacating and Closeout Procedures

Number: ADMIN-23	Name: Marshall University Laboratory Vacating and Closeout Procedures.
Purpose: The purpose of this administrative procedure is to establish a standardized process for the safe and compliant vacating, relocation, transfer, renovation turnover, or closure of laboratory spaces. This procedure requires use of the University-designated laboratory safety management system and chemical inventory system of record for inventory reconciliation, task tracking, attestations, and documentation of transfer or disposal, as applicable.	
Responsible Unit: Environmental Health and Safety	
Approved by: _____	Approval Date: ____/____/____

1. SCOPE:

This administrative procedure applies to all Marshall University laboratory spaces and support areas where hazardous materials are used or stored, including research and teaching laboratories, shared core facilities, and associated chemical and equipment storage rooms. This procedure applies to all personnel (faculty, staff, students, visiting scholars, and contractors under University supervision) who vacate laboratory space, and to any laboratory space that is relocated, transferred, renovated, or closed.

2. DEFINITIONS:

2.1. **Chemical Inventory System of Record** - The University-designated chemical inventory platform used to reconcile laboratory chemical inventories during departures and closeouts. At the time of issuance of this procedure, the designated platform is ChemTracker.

2.2. **Closeout** - A documented process that ensures all laboratory hazards are removed, transferred with accountable ownership, or left in a compliant condition, and that the space is safe for turnover.

2.3. **Departing Individual** - Any employee, student, or affiliate who permanently leaves a laboratory group or no longer has assigned work areas within the laboratory.

2.4. **Environmental Health and Safety (EHS)** - The University unit responsible for technical guidance, hazardous waste coordination, and closeout verification for laboratory spaces.

2.5. **Hazardous Materials** - Includes chemicals, compressed gases, biological materials, sharps, radioactive materials (if applicable), controlled substances, hazardous waste, universal waste, and contaminated equipment.

2.6. **Laboratory Closeout/Transfer** - A closeout event associated with PI departure, laboratory relocation, renovation turnover, shutdown, or space reassignment that requires EHS verification prior to release of the space.

2.7. **Laboratory Safety Management System** - The University-designated laboratory safety management platform used to initiate closeout requests, assign tasks, capture attestations, route approvals, and record EHS verification and closeout status. At the time of issuance of this procedure, the designated platform is SciShield.

3. PROCEDURE & PROCESS:

3.1. Notification and Timing - The PI/Laboratory Supervisor, Lab Manager, or Department Chair/Unit Head when the PI is unavailable shall initiate the laboratory vacating or closeout process by submitting a request through the University-designated laboratory closeout request process to Environmental Health and Safety (EHS). The request process may be electronic and may include routing to the PI supervisory chain and, when applicable, to Planning and Construction, Facilities Operations, Space Management, or other responsible units. Planned laboratory closeouts or transfers should be initiated at least 30 days in advance. Complex laboratories or laboratories with regulated materials (e.g., radiation, controlled substances, BSL-2 materials, select regulated equipment, or similar hazards) should initiate at least 60 days in advance when practicable. Individual departures should be initiated at least 14 days before the individual's last day in the laboratory when practicable. The University-designated request process shall collect, at a minimum, the information necessary for EHS and other reviewing units to determine the scope of the closeout, hazards present, date laboratory use will cease, proposed future use of the space if known, and any renovation, reassignment, or demolition implications.

3.1.1. **Resignation and Retirement Planning** - It is a professional responsibility of the Principal Investigator to ensure that all laboratory spaces under their authority are properly closed down when they resign, retire, or otherwise separate from the University. The notification timelines described above are minimum expectations. However, once a PI becomes aware of an upcoming resignation, retirement, or other separation, the PI is strongly encouraged to initiate the laboratory closeout process immediately. Early initiation facilitates development of a coordinated timeline with EHS and other affected units, reduces the likelihood of abandoned materials, and supports an orderly and compliant transition of the space.

3.1.2. **Space Reassignment and Equipment Stewardship** - When laboratory displacement, relocation, renovation turnover, or reassignment affects faculty research or office space, determination of reassigned space shall follow applicable University space governance requirements, including Marshall University Policy ADMIN-17. Reassigned space should be commensurate with the research and office needs of the affected faculty member and should consider specialized use, the type of research conducted, the quality of research space, age, operating cost, and layout of the space, as applicable. Nothing in this procedure automatically transfers stewardship, control, or decision-making authority over research equipment to a Department Chair, Dean, or other administrative office. Equipment stewardship shall remain with the designated steward or Principal Investigator unless reassigned through applicable University, Marshall University Research Corporation, and sponsor-required procedures. Decisions regarding access, relocation, reassignment, transfer, or disposition of sponsored equipment, including equipment purchased with federal funds, shall involve the designated PI/steward and comply with applicable institutional and sponsor requirements.

3.2. **Individual Departure (Laboratory Remains Active)** - This process applies only when an individual laboratory employee, student, trainee, or affiliate departs while the PI and laboratory

remain active. The scope of this process is limited to the departing individual's assigned materials, storage locations, electronic records under their control as applicable, and work areas; it does not constitute a full laboratory closeout. The PI/Lab Manager or Department Chair/Unit Head shall initiate the individual departure process through the University-designated request process or checklist. At minimum, the departing individual shall: (a) identify and transfer custody or ownership of chemicals, samples, and other hazardous materials to the PI/Lab Manager or another authorized laboratory user; (b) resolve hazardous waste, sharps, and any unknown or unlabeled containers in their assigned areas; (c) clear and clean their bench, hood, storage, and support areas as required by the hazards used; (d) return keys, credentials, and access devices in accordance with departmental procedures; and (e) transfer or close out laboratory records, data, or materials as required by University, sponsor, or regulatory requirements. Individual departures trigger EHS verification only when unknown hazards, regulated materials, contamination concerns, or other circumstances identified by EHS are present.

3.2.1. **Protocols and Permits** - As applicable to the departing individual's work, the PI/Lab Manager and department shall ensure that relevant protocols, registrations, and permits are amended, transferred, or closed, including but not limited to IACUC, IBC, IRB, radiation authorizations, controlled substance registrations, select agent or similar approvals, and sponsor-required records.

3.3. Laboratory Closeout/Transfer (PI Departure, Relocation, Renovation, or Shutdown) - The PI, Department, or Department Chair/Unit Head when the PI is unavailable shall initiate a laboratory closeout request through the University-designated request process to EHS. At minimum, the laboratory shall: (a) reconcile and update the chemical inventory system of record and assign accountable ownership for any retained materials; (b) remove, return, transfer, or properly dispose of chemicals so that no unknown or unlabeled containers remain; (c) coordinate removal of hazardous waste through EHS and ensure no abandoned waste remains; (d) return, transfer, or properly dispose of compressed gas cylinders and cryogenics; (e) dispose of or inactivate biological materials and manage biohazardous and sharps waste where applicable; (f) transfer or dispose of controlled substances in accordance with registrant requirements, with registrant attestation and required documentation recorded in the laboratory safety management system where applicable; (g) coordinate disposition, surveys, and clearance of radioactive materials with Radiation Safety, with written clearance documented in the laboratory safety management system where applicable; (h) decontaminate equipment before movement, surplus, service, transfer, or disposal and ensure documentation or clearance tagging is affixed or uploaded; and (i) clean work areas and update or remove hazard signage consistent with remaining hazards, if any.

3.3.1. **Hazardous Material Transport** - Movement of hazardous materials between buildings or off campus must comply with applicable DOT and other legal requirements. Self-transport by laboratory personnel is prohibited unless specifically authorized in writing by EHS or other authorized University officials. EHS will coordinate compliant transfers, including packaging, labeling, shipping, and documentation where required.

3.3.2. **Scheduling for Nine-Month Faculty** Appointments - When laboratory closeout, relocation, or reassignment activities require action by a faculty member on a 9-month appointment, those activities should be scheduled within the faculty member's contracted employment period unless supplementary compensation, a written alternative arrangement, or another mutually agreed administrative mechanism is provided. Nothing in this section prevents EHS or the University from taking immediate action necessary to address imminent hazards, secure regulated materials, or maintain legal and safety compliance.

3.4. ***EHS Closeout Verification and Approval Status*** - For laboratory closeout or transfer events, EHS will perform a closeout verification inspection and document findings in the laboratory safety management system. EHS will record one of the following closeout statuses: Approved, Conditional, or Not Approved.

3.4.1. ***Approved*** - The laboratory space meets minimum closeout standards and is released for space turnover and/or reassignment.

3.4.2. ***Conditional*** - Minor items remain with an EHS-accepted corrective action plan that includes: (a) corrective actions; (b) responsible party; (c) interim controls (as applicable); (d) funding source (if applicable); and (e) a completion date. Unless otherwise approved by EHS in writing, Conditional corrective actions must be completed within ten (10) business days and in all cases before the space turnover date. If corrective actions are not completed by the agreed-upon date, EHS will change the status to Not Approved and initiate escalation per Section 6.

3.4.3. ***Not Approved*** - Significant hazards remain (e.g., unknown/unlabeled containers, unmanaged hazardous waste, unsecured compressed gases, or contamination concerns). The space is not released for turnover, renovation work, reassignment, moving, or surplus until deficiencies are corrected and EHS records an Approved status.

3.4.4. ***Equipment Clearance*** - Prior to service, surplus, relocation, transfer, or disposal, equipment that may be contaminated shall be decontaminated and, when required by EHS, tagged with an EHS Equipment Clearance Tag or equivalent approved documentation. The clearance tag or documentation must remain affixed to, or clearly associated with, the equipment until the item is installed, surplus, transferred, or disposed of by the receiving unit.

3.4.5. ***Biological Safety Cabinet Evaluation and Recertification*** - Biological safety cabinets must be evaluated by EHS or an authorized certifier to determine decontamination requirements before movement. If a biological safety cabinet is moved, it must be recertified before being returned to service. Departments shall request evaluation and related services sufficiently in advance of the move date, and in no case less than 30 days in advance when practicable.

3.5. ***Facilities, Renovations, and Space Turnover Prerequisite*** - EHS closeout approval is a prerequisite for Facilities Operations, Planning and Construction, Space Management, Moving/Surplus, departments, and contractors to proceed with turnover, renovation, demolition work, reassignment, or equipment removal from laboratory spaces. These units shall verify closeout status and review any EHS notes, restrictions, or conditions before issuing work orders, mobilizing contractors, moving equipment, or authorizing occupancy by a new user.

3.5.1. ***Large-Scale Decommissioning Governance*** - For multi-PI moves, major laboratory relocations, or capital projects exceeding \$1,000,000 that involve laboratory decommissioning, the Dean, in consultation with EHS and other affected units, shall designate a Move Working Group and a primary point of contact no later than 6 months before the projected move date when practicable. EHS will participate in a kickoff meeting to define scope, hazards, responsibilities, sequencing, and closeout milestones.

4. DOCUMENTATION & RECORDS:

4.1. **Records of Closeout** - The University-designated laboratory safety management system is the system of record for closeout actions, attestations, corrective actions, routing, and EHS approval status. Supporting documentation, such as chemical inventory exports, waste pickup confirmations, decontamination certificates/tags, equipment clearance records, transfer documentation, and copies of any filings or notices required by external regulators regarding transfer or disposal of regulated materials, shall be uploaded to or referenced within that system.

4.2. **Record Retention** - Departments shall retain closeout documentation for at least three (3) years, or longer when required by sponsor, permit, or regulatory program. EHS retains closeout inspection records per EHS recordkeeping practices.

5. COST RESPONSIBILITY AND COST RECOVERY:

5.1. **Standard Responsibility** - Principal Investigators and departments are responsible for routine closeout activities, including labor to segregate, pack, and prepare materials for transfer or disposal and to complete chemical inventory reconciliation and required closeout tasks. Hazardous waste disposal generated as part of an orderly closeout conducted in accordance with this procedure will ordinarily be funded through EHS's hazardous waste program. Non-routine disposal volumes, unknowns, abandoned materials, or services requiring contractor-level support remain subject to cost recovery as described in Section 5.2.

5.2. **Incomplete Closeout and Abandonment** - When hazardous waste disposal, contractor services, specialized decontamination, or remediation are required due to incomplete closeout, abandonment, or failure to follow this procedure, associated costs may be charged back to the PI and/or the PI's department. If the PI is unavailable or has departed, the Department Chair/Unit Head assumes responsibility for ensuring closeout completion and funding disposition activities. Administrative responsibility for ensuring closeout completion does not, by itself, transfer ownership, stewardship, or sponsor authority over equipment or other research assets, which remain subject to applicable University, Marshall University Research Corporation, and sponsor requirements.

5.3. **Contractor and Remediation Authorization** - For non-emergency contractor services (e.g., specialized waste packaging, equipment decontamination, remediation), EHS may require written departmental authorization (including an account/funding source) before scheduling services. Nothing in this section limits EHS authority to take immediate actions needed to stabilize imminent hazards; emergency stabilization costs may be recovered as described above.

6. NON-COMPLIANCE AND ESCALATION:

6.1. **Operational Consequences** - Failure to complete closeout actions may result in delays to space reassignment, renovation/demolition, equipment moving/surplus, and occupancy by a new group. Facilities and departments shall not proceed when EHS closeout status is Not Approved.

6.2. **Escalation** - If closeout deficiencies are not corrected by the required deadlines, including deadlines associated with Conditional approval, Environmental Health and Safety will escalate the matter to the Department Chair/Unit Head, the Dean, the Office of Research (as applicable), and other relevant University leadership to ensure that hazards are resolved and responsibilities are clearly assigned. Persistent failure by a Principal Investigator or responsible unit to fulfill

required closeout duties may be referred for review under other applicable University policies, and any resulting corrective or disciplinary action shall be governed by those policies.

6.3. ***Additional Actions*** - EHS may restrict laboratory operations, require stop-work for affected areas, and/or pursue cost recovery consistent with Section 5. For sponsored activities, unresolved closeout issues may be communicated to the appropriate research administration office for consideration of sponsor and compliance obligations.

7. EXCEPTIONS:

7.1. Requests for exceptions to any part of this procedure must be made in writing to the Senior Vice President for Operations, with concurrence from Environmental Health and Safety.

8. PROHIBITED CONDITIONS:

8.1. ***Prohibited Conditions for Turnover*** - The following conditions are prohibited for vacating, transfer, or turnover of laboratory space: (a) unknown or unlabeled containers; (b) unmanaged hazardous waste, including unwanted chemicals, biohazardous waste, and sharps containers; (c) unmanaged compressed gas cylinders or cryogenics; (d) incompatible chemical storage; and (e) potentially contaminated equipment without documented decontamination or required clearance tagging.

8.2. ***Prohibited Equipment Movement*** - No laboratory equipment may be moved, serviced, surplus, transferred, or disposed of if it is potentially contaminated unless required decontamination has been completed and the equipment has been tagged or otherwise documented as cleared by EHS or an authorized designee.

9. RESPONSIBILITY:

9.1. Environmental Health and Safety is responsible for implementation, guidance, and closeout verification as required. Principal Investigators, laboratory supervisors, and departments are responsible for initiating Laboratory Vacating and Closeout requests, completing closeout actions, reconciling the chemical inventory system of record, and ensuring compliance with this procedure.

10. ATTACHMENTS AND MINIMUM DATA ELEMENTS:

10.1. The attachments to this procedure provide illustrative checklists and minimum data elements that may be incorporated into the University-designated electronic or paper closeout request process. EHS may revise the format, routing, and administrative fields of these forms so long as the required substantive elements of this procedure are maintained.

Attachment A: Individual Departure Checklist (Laboratory Remains Active)

Hazard/Item	Action	Completed (Y/N)	Notes
Chemicals/samples assigned to departing individual	Transferred to PI/Lab Manager, different laboratory, or disposed		
Hazardous waste	Pickup requested; containers labeled/closed; ownership assigned		
Sharps	Disposed via approved EHS/departmental sharps disposal process (per current guidance).		
Biological materials (if applicable)	Inactivated by approved methods and disposed or transferred to another user		
Compressed gases (if applicable)	Returned/secured; ownership assigned		
Bench/hood/area	Cleared and cleaned, as required		
Labels/signage	Updated/removed as appropriate		
Keys/badge/access	Returned/terminated per department process		

Departing Individual Signature: _____ Date: ____/____/____

PI/Lab Manager Signature: _____ Date: ____/____/____

EHS Review Required? No Yes

(reason): _____

Attachment B: Laboratory Closeout / Transfer Certification

Lab/PI: _____

Building/Room(s): _____

Closeout Type: PI Departure Relocation Renovation Turnover Shutdown

Target Turnover Date: ____/____/____

Closeout Attestation (PI/Department)

- By signing, I certify that all hazardous materials have been removed, transferred with accountable ownership, or left in compliant condition.
- No unknown or unlabeled containers remain.
- All hazardous waste has been properly managed and removed, or is controlled under an EHS-accepted plan with an accountable owner and completion date.
- Equipment requiring decontamination has been decontaminated and documented prior to movement, surplus, service, or transfer.
- Any retained, relocated, or reassigned equipment remains under the stewardship of the designated PI/steward unless formally reassigned in accordance with applicable University, Marshall University Research Corporation, and sponsor requirements.

PI Signature: _____ Date: ____/____/____

Dept. Chair/Unit Head Acknowledgment (if applicable): _____

Date: ____/____/____

EHS Closeout Verification

Inspection Date: ____/____/____ Status: Approved Conditional Not Approved

EHS Notes/Corrective Actions Required:

EHS Representative: _____ Date: ____/____/____