

LABORATORY MOVE-OUT POLICY

INTRODUCTION

The proper management of hazardous materials and wastes and equipment during a laboratory move is essential to maintaining a safe environment. All institutions at the Harvard Institutes of Medicine & New Research Building (HIM/NRB) facility involved in a laboratory move are responsible for reading this policy and being familiar with the necessary procedures required during a laboratory move.

RESPONSIBILITIES

Principal Investigator

The ultimate responsibility for the management of a laboratory move lies with the principal investigator (PI) for each laboratory. The PI must assign a "Laboratory Move Coordinator", who can be the PI, Laboratory Safety Contact, Department Administrator, and/or Research Operations Manager. This person should be knowledgeable about the laboratory operations conducted within the laboratory space. Along with the Laboratory Move Coordinator, the PI is responsible for ensuring compliance with this policy.

Laboratory Move Coordinator

The Laboratory Move Coordinator responsibility is to assure compliance regarding the proper disposal of all hazardous materials and equipment used in their laboratories as outlined in this policy and the primary contact for the laboratory during the laboratory move process.

Department

Departments are responsible for ensuring that all PIs follow these guidelines to ensure laboratory clearance by the EH&S and Radiation Safety Office. Departments are ultimately responsible for the proper clearance of laboratory space and equipment of PIs. If items are left behind and the responsible PI cannot be determined, or the improper management of hazardous materials or equipment at closeout requires removal services from the Environmental Health and Safety (EH&S) Office or from an outside contractor, the Department will be charged for this service.

EH&S Office

The EH&S Office provides assistance during the laboratory move by:

- Participating in a pre-move meeting.
- Scanning equipment to ensure it has been properly cleaned by the laboratory.
- Coordinating the disposal of hazardous waste chemicals or radioactive materials.
- Providing guidance on EH&S issues as needed.
- Conducting a final walk through with the Laboratory Move Coordinator.
- Signing the appropriate forms, if the laboratory has met the requirements of the form.

Radiation Safety Office

Please contact Harvard Radiation Safety at 617-495-2060 for their laboratory move-out policies and procedures.

CHECKLISTS

There are four documents associated with this Laboratory Move-Out Policy:

- Pre-Move Checklist. Refer to Appendix A.
- Hazardous Materials Checklist. See Appendix B.
- General Laboratory Checklist. Refer to Appendix C.
- Final Tour Document. See Appendix D.

Each document when completed must be submitted to the EH&S Office for their review and records. A copy may be provided to the Laboratory Move Coordinator upon request.

APPENDIX A Pre-Move Checklist

Print Name: _____ **Phone:** _____ **Email:** _____
Signature: _____ **Date:** _____
Department
Name: _____ **PI:** _____ **Bldg. Name:** _____ **Room(s) #:** _____

ACTIVITY	COMPLETED	DATE COMPLETED
Assign a Laboratory Move Coordinator, who will be the contact for the laboratory throughout the move-out process. This person should be knowledgeable about the laboratory operations conducted within the laboratory space. Please provide the following information regarding the Laboratory Move Coordinator: Name: _____ E-mail: _____ Phone Number: _____ Office Location: _____	<input type="checkbox"/> Yes	___ / ___ / ___
Notify the HIM/NRB EH&S Office at 617-432-2762 and the Harvard Radiation Safety Office (only if you used radioactive materials in your laboratory) at 617-495-2060 about the laboratory move at least six weeks prior to the move. Please provide the following information: Move Date: _____ Move Destination: _____ Date and Time to Conduct Final Laboratory Inspection: _____	<input type="checkbox"/> Yes	___ / ___ / ___
Schedule a meeting with the EH&S Office (617-432-2762) and Harvard Radiation Safety Office (617-495-2060) to review laboratory move out procedures.	<input type="checkbox"/> Yes	___ / ___ / ___
Make arrangements with contract movers, who are authorized to transport hazardous chemicals, biological materials, and associated equipment. Heavy equipment and hazardous chemicals cannot be moved by laboratory staff.	<input type="checkbox"/> Yes	___ / ___ / ___
Inspect your areas and identify items in your area and shared storage areas (e.g., refrigerators, freezers, cold rooms, flammable liquid cabinets, chemical fume hood storage cabinets, and storage under sinks) that will be part of the move. Assign a responsible person for each area.	<input type="checkbox"/> Yes	___ / ___ / ___

Reviewed By: _____ Date: _____

EH&S Office Representative Signature

 EH&S Office Representative Name (Please Print)

APPENDIX B
Hazardous Materials Checklist

Print Name: _____ Phone: _____ Email: _____
 Signature: _____ Date: _____
 Department _____
 Name: _____ PI: _____ Bldg. Name: _____ Room(s) #: _____

ACTIVITY	COMPLETED	DATE COMPLETED
CHEMICALS AND CHEMICAL WASTE		
Ensure containers of chemicals are labeled with the contents, hazards, and dilution, if applicable. If you come across an "unknown" chemical, please label it as "pending analysis" and notify the EH&S Office at 617-432-2762 about the "unknowns" once you are done going through all of your chemicals.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Check containers for expiration date, signs of corrosion, or crystallization. Contact the EH&S Office at 617-432-2762 if you find a container with an expired date, signs of corrosion, or crystallization.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Ensure the outside of the chemical containers are clean and not contaminated with any hazardous materials. If possible, reassign and relocate chemicals that can be used by other researchers in your department prior to your move.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>If the chemicals cannot be reassigned and must be disposed of, please label them with complete hazardous waste labels and place them in a bin labeled "Hazardous Waste for Disposal". Ensure the chemicals are segregated by the following hazardous classes:</p> <ul style="list-style-type: none"> • Flammables and Combustibles • Corrosive Acids • Corrosive Bases • Oxidizers • Poisons/Toxins • Cyanides • Peroxide Formers • Water Reactives • Organic Peroxides <p>No chemicals should be disposed by discarding into the trash, pouring into the sinks or drains, or evaporating in the chemical fume hoods. Submit a hazardous waste work order on the HIM/NRB Hazardous Waste Work Order webpage: http://www.himnrbehs.com/himnrbehs/hazwaste.asp Contact the EH&S Office at 617-432-2762 for extra bins or if you have any questions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____

If your laboratory used beryllium, lead including soldering, arsenic, cadmium, chromium, nickel, or polychlorinated biphenyls (PCBs), then you need to notify the EH&S Office at 617-432-2762 so they can conduct an evaluation to determine whether or not wipe sampling is warranted or not.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
Old reagents or samples from past staff and students or inherited chemicals must be identified and disposed or moved to the new location.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
Since mercury thermometers and bleach containing mercury have been used in the laboratories in the past, coordinate with a hazardous waste subcontractor to remove and clean the sink traps associated with your laboratory. Contact the EH&S Office at 617-432-2762 to provide you with a list of hazardous waste subcontractors.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
Identify any chemical fume hoods where perchloric acid was used. Contact the EH&S Office at 617-432-2762 for more information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
COMPRESSED GAS		
Ensure cylinders are labeled "Empty", "In Use", or "Full".	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
Remove regulators and replace valve stem cap.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
Contact your compressed gas cylinder provider to remove full, in use, or empty gas cylinders associated with your laboratory.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
If the compressed gas cylinder provider will not remove a gas cylinder, submit a hazardous waste work on the HIM/NRB Hazardous Waste Work Order webpage: http://www.himnrbehs.com/himnrbehs/hazwaste.asp	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
CONTROLLED SUBSTANCES		
Controlled substances must be disposed of by a licensed disposal contractor or transferred to your new location. If you are disposing of the controlled substances, please contact the EH&S Office at 617-432-2762. If you are transferring your controlled substances to a new location within Massachusetts, you must notify in writing the Massachusetts Department of Public Health and Drug Enforcement Administration (DEA) about your new location and that you are transferring your controlled substances, license, and registration to this new location. If you are going to another state, you must apply for a new license with the state authorities and DEA.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___
BIOLOGICAL MATERIALS, SHARPS, AND BIOHAZARDOUS WASTE		
Determine whether or not your biological materials (rDNA, microorganisms and cell lines, tissues, organs, body fluids, and biologically derived or contaminated media) will be moved to your new location, transferred to another research laboratory, or disposed. Check cold rooms, freezers, refrigerators, and shared storage areas for biological materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ___

<p>If you are moving within the Harvard Committee on Microbiological Safety (COMS) community, then you must submit a Harvard COMS update form indicating your new location within the Harvard COMS community. If you are moving outside the Harvard COMS community or decide that you are not continuing certain research projected registered with Harvard COMS, then you need to notify Harvard COMS in writing that you are terminating your work or are transferring the work to another PI in the Harvard COMS community.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>Transfer of select agents requires notification and approval of the Biological Safety Officer prior to move. Contact the EH&S Office at 617-432-2762. Here is the webpage regarding select agents: http://www.selectagents.gov/Select%20Agents%20and%20Toxins.html</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>Old samples from past staff and students or inherited chemicals must be identified and disposed or moved to the new location.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>All sharp waste associated with BL-1 and BL-2 laboratories must be disposed into a plastic recyclable sharps container. Contact Harvard Custodial Services at 617-432-2923 to obtain recyclable sharps containers.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>All solid biohazardous waste including sharps associated with Biosafety Level (BL) 2+ laboratories must be autoclaved prior to disposal into a cardboard biohazardous waste box lined with two biohazardous waste bags. Contact Harvard Custodial Services at 617-432-2923 to obtain cardboard biohazardous waste boxes.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>All solid biohazardous waste associated with BL-1, and BL-2 laboratories must be disposed into a plastic recyclable biohazardous waste box lined with one biohazardous waste bag. Contact Harvard Custodial Services at 617-432-2923 to obtain plastic recyclable biohazardous waste boxes.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>Disinfect all liquid biohazardous waste by adding bleach to a final concentration of 10% or the appropriate disinfectant allowing it to sit for the disinfecting period (e.g., 20 minutes) before disposal down the drain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>All biohazardous materials must be double packaged before transport within the Longwood Medical Area. The primary and secondary containers must be leak proof. The secondary containers must contain enough absorbent to absorb the entire contents of the primary container. The outside of the container must have the biohazard symbol, the name of the PI, and the new location address. These packages cannot be moved by movers.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
<p>If transporting outside the Longwood Medical Area or to another institution, you must follow the requirements provided by the U.S. Department of Transportation and International Air Transport Association. Contact the EH&S Office at 617-432-2762 if you have any questions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
LIQUID NITROGEN		
<p>Contact your liquid nitrogen (LN2) supplier and let them know your move date so they can remove or move your LN2 tanks.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____

Liquid nitrogen freezers should not be moved when full with liquid nitrogen. Make arrangements to transfer samples prior to the defrost.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
One week to two weeks before the move, do not fill the Dewar with LN2; just add enough to keep the contents in the vapor phase and still frozen. Wipe the handles and tops of Dewars with 10% bleach solution, 70% ethanol solution, or another U.S. Environmental Protection Agency (EPA) listed disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____

NOTE:

If an activity is Not Applicable (N/A), check a N/A in the column.

Reviewed By: _____ Date: _____

EH&S Office Representative Signature

EH&S Office Representative Name (Please Print)

APPENDIX C
General Laboratory Checklist

Print Name: _____ Phone: _____ Email: _____
 Signature: _____ Date: _____
 Department: _____
 Name: _____ PI: _____ Bldg. Name: _____ Room(s) #: _____

ACTIVITY	COMPLETED	DATE COMPLETED
EQUIPMENT		
Start cleaning equipment that will be transported as part of the move. Refer to the "Safety Inspection Form for Laboratory Equipment" available on the following webpage: http://www.himnrbehs.com/himnrbehs/hazwaste.asp All equipment, that contained hazardous chemicals or biological materials, must be scanned by the EH&S Office. If the equipment contained radioactive materials, then it must be cleared by the Harvard Radiation Safety Office.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Notify your Research Administration Office about any equipment, which will remain at the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Identify any equipment which requires special handling (e.g., heavy equipment, extremely valuable equipment).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Decontaminate the surfaces of all equipment for use with biological materials (e.g., refrigerators, incubators, water baths, centrifuges) with 10% bleach solution, 70% ethanol solution, or another EPA listed disinfectant. This includes doors and handles. If a piece of equipment has a compressor or refrigerant, contact the Facilities Operations Center at 617-432-1901.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
Incubators and water baths must be drained of staining water including the water in the water-jacketed incubators. Surfaces must be wiped with 10% bleach solution, 70% ethanol solution, or another EPA listed disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____
If you are moving within the Longwood Medical Area, -80 freezers do not have to be emptied as long as the contents will not shift during transport. Freezers must be locked or taped shut. Exterior surfaces of freezers including doors and handles must be wiped down with 10% bleach solution, 70% ethanol solution, or another EPA listed disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	____ / ____ / ____

BIOSAFETY CABINETS		
Wipe down and remove all contents from the biosafety cabinet (BSC).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Disconnect the tissue culture vacuum flask and decontaminate by adding bleach to a final concentration of 10% or the appropriate disinfectant allowing it to sit for the disinfecting period (e.g., 20 minutes) before disposal down the drain.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Disinfect all accessible surfaces of the BSC with 10% bleach solution, 70% ethanol solution, or another EPA listed disinfectant for the agents used in your research. This includes under the working surface. As an alternative, you can contact a subcontractor to conduct the cleaning. Contact the EH&S Office at 617-432-2762 to provide you with a list of subcontractors.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
WORK SURFACES		
Decontaminate all work surfaces where biological materials were used with 10% bleach solution, 70% ethanol solution, or another EPA listed disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Decontaminate all work surfaces where hazardous chemicals were used with soap and water or an EPA approved decontaminant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Remove any absorbent materials and tape from bench tops, chemical fume hood surfaces. If contaminated with materials, dispose of properly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Remove and properly dispose of all materials from all drawers, cabinets, and fume hoods.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Ensure all micro tubes, Pasteur pipettes, pipette tips, etc. that may be lying around on the floor, under equipment, or in corners are properly disposed before vacating the laboratory areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Make sure all broken glass is placed into a recyclable sharps container. Contact Harvard Custodial Services at 617-432-2923 to obtain recyclable sharps containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____
Contact the Facilities Operations Center at 617-432-1901 to arrange for all of the trash to be removed from the space prior to the final walkthrough.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	___ / ___ / ____

NOTE:

If an activity is Not Applicable (N/A), check N/A in the column.

Reviewed By: _____ Date: _____

EH&S Office Representative Signature

EH&S Office Representative Name (Please Print)

APPENDIX D
Final Tour Document

The purpose of this document is to record who attended the final tour of the laboratory area and whether or not there are any outstanding items associated with the laboratory move.

Date of Tour: _____

Signature	Name (Please Print)	Department

Outstanding Items: