

CHEMICAL SAFETY PROCEDURE FOR VACATING A LABORATORY

MIAMI UNIVERSITY

The purpose of this Chemical Safety Checklist is to promote a safe working and learning environment by ensuring that vacating Laboratory Workers 1) offer a meaningful inventory of chemicals to the area manager (chair, faculty, manager) and 2) properly dispose of unwanted and unsafe chemicals prior to leaving departmental or University service.

- ✓ **Complete and sign the Checklist.**
 - ✓ **Submit at least thirty (30) days prior to your departure.**
-

1. Prepare or review and update your chemical inventory list including compressed gas cylinders. Verify that all containers are labeled with the chemical name (no abbreviations) and, if applicable, expiration date. Identify unknown chemicals and label them as noted above. Check ✓ when you complete all the following:
 - ☐ Any unknown chemicals in my inventory have been located. Every effort was made to identify the chemical name of each unknown. If any chemical name could not be identified, it is listed as an UNKNOWN.
 - ☐ All chemical containers have affixed, legible labels.
 - ☐ An up-to-date inventory list has been attached to this checklist for submission.
2. Inspect highly reactive and potentially unstable compounds (e.g., diethyl ether, THF, picric acid, sodium azide, perchlorates). Identify those containers you believe to contain unstable compounds (e.g., exceeds expiration date, excessive dryness, crystals formed in liquid, poor physical condition of container). If necessary, consult with the appropriate person or group (department chair, faculty researcher, staff manager, or EHSO) to determine the best course of action regarding the compounds identified. Contact EHSO if stabilization of any chemical is necessary. Check ✓ all that apply:
 - ☐ Containers believed to hold unstable compounds have been identified and a decision has been made regarding their fate.
 - ☐ EHSO was notified of any chemical identified on the inventory as potentially unstable or explosive.
 - ☐ If a chemical needed to be stabilized, EHSO was first consulted regarding the type of stabilization to be performed.
 - ☐ No potentially unstable compounds were identified.
3. Identify chemical containers that have been compromised and pose an exposure hazard. Provide labeled containers with an air-tight seal for storage and transport. Place the primary container into an appropriate secondary container, label the secondary container, and contact EHSO for appropriate disposal methods. Check ✓ all that apply:
 - ☐ Each compromised container has been placed in an air-tight secondary container.
 - ☐ All secondary containers have labels with the chemical name and, if applicable, expiration date.
 - ☐ No chemical containers were found to be compromised.

4. Remove and transfer chemicals from all equipment and reaction vessels to appropriate containers that provide an air-tight seal. Label the container as noted above. Check ✓ one:
- ☐ Equipment and reaction vessels have been emptied of chemicals into labeled, air-tight containers.
 - ☐ No equipment or reaction vessels were identified.
5. Determine the fate of each compressed gas cylinder; either maintain on inventory, return to stores, return to the manufacturer, or dispose through EHSO. Check ✓ all that apply:
- ☐ One or more compressed gas cylinder has been
 - ☐ listed and will remain on the inventory.
 - ☐ returned to the manufacturer through stores.
 - ☐ listed on a Chemical Waste Record for disposal by EHSO.
 - ☐ No compressed gas cylinder was identified in the laboratory.
6. Complete, sign, and submit this checklist and attach a current inventory of chemicals. Check ✓ one:
- ☐ **Faculty** submit Checklist to the **department chair**.
 - ☐ **Student** submit Checklist to the **faculty or staff responsible for the laboratory**.
 - ☐ **Staff** submit Checklist to the **laboratory manager**.
7. Complete, sign, and submit a Chemical Waste Record for all chemicals to be picked up for disposal. Check ✓ all that apply:
- ☐ A copy of a Chemical Waste Record is attached. The request includes
 - ☐ Potentially unstable compound(s).
 - ☐ Compressed gas cylinder(s).
 - ☐ UNKNOWN(S).
 - ☐ No waste chemicals were identified for disposal.

I, the undersigned, hereby state that I have completed the above checklist and necessary attachments to 1) offer a meaningful chemical inventory and 2) identify chemicals for disposal from my work conducted in a laboratory at Miami University. All the information provided is accurate and complete to the best of my knowledge.

Faculty, staff, or student signature

Print name

Date

Checklist w/attachments was submitted to:

Chair, Director, or Faculty Researcher (as applicable) Date

CHEMICAL SAFETY CHECKLIST FOR VACATING A LABORATORY

Building and Room Number(s)

The disposal request form (Chemical Waste Record) was sent to EHSO, 55 Hughes Hall, on:

Date