

Facility Decommissioning Binder

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1. **Decommissioning activities.**
 - A. **Facility risk assessment. (Determine disposition of materials and safeguards to implement.)**
 - B. **Equipment and supplies.**
 - i. **Return unopened materials to vendors.**
 - ii. **Sell or transfer raw materials to supply chain vendors.**
 - iii. **In-use chemicals and biologicals. (Develop inventories, manage for disposal per current programs and file waste manifests in the facility binder.)**
 - iv. **Installed equipment and infrastructure. (Decontaminate for sale, transfer or scrap. The level of decontamination depends on the final disposition. Major equipment will have a BioQuell decontamination certificate affixed with copies of the certificates placed in the binder. Review purchase agreements to see if there are contractual requirements for disposal of equipment, e.g., MSD plate reader.)**
 - v. **Items remaining. (Ductwork for chemical fume hoods, waterlines, sanitary sewer lines, floor drains, compressed air lines, walls, flooring, carpeting, ceiling tiles and benches. Verify with BioQuell that their VP H2O2 process is effective for porous surfaces. If not, then dispose. If not cost effective to decontaminate, then dispose.)**
 - C. **Radiation. (Unless a formal decommissioning report is on-file from Microsciences, then it is recommended that a radiation consultant conduct a survey for the routinely used isotopes in biotech operations.)**
 - D. **Final clean. (Request biological indicator documentation from BioQuell to verify decontamination. Complete Emergent decommissioning forms.)**
 - E. **Confirmatory sampling. (Perform surface and air sampling inside and outside the facility to compare microbial air quality.)**
 - F. **Agency notifications and permit cancellations.**
2. **Other**
 - A. **Health and Safety Plan for Contractor Personnel. (Request these plans from BioQuell and your hazardous waste disposal vendors.)**

Laboratory Exit/Renovation/Decommissioning

Emergent BioSolutions Inc. Executives, Managers and Principal Investigators are responsible for the safe operation of company laboratories. If relocating, renovating or vacating laboratories, these employees are also responsible for leaving the laboratory in a condition suitable for re-occupancy or renovation. These employees are required to properly “decommission” areas where hazardous chemicals, biohazards, infectious wastes and radioactive materials have been stored, used or disposed. EHS must be notified of all laboratory moves at least 45 days prior to the event.

All decontamination and decommissioning work shall be completed in accordance with company policies, and local, state and federal regulations. Chemical, biological and radiological wastes will be disposed using licensed vendors, whose personnel have received the required training and utilize the proper personal protective equipment.

These checklists are intended as guidance documents, not as all-inclusive lists, as the laboratories may have unique hazards that must be identified and addressed as part of the exit/renovation/decommissioning process.

Laboratory Exit/Renovation/Decommissioning Biological Materials Checklist

Have all sharps, pipettes and blades been placed in sharps containers for proper disposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all solid media and used supplies been properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all agents, materials and media been removed from refrigerators and freezers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all unused materials been moved to the new location or properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all liquid media been decontaminated by autoclaving or appropriate chemical disinfectant before drain disposal, if permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all potentially contaminated equipment and work surfaces been decontaminated with an appropriate disinfectant prior to relocation to the new lab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all biohazard signs and labels been removed from equipment, cabinets and doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have arrangements been made for the proper transport of the materials and agents by a licensed transporter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all materials and wastes been removed for the biological safety cabinets and laminar flow benches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Has EHS been notified regarding which biological safety cabinets or laminar flow benches are to be relocated or disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Has the appropriate vendor been contacted to recertify the biological safety cabinets or laminar flow benches when the relocation is complete to ensure operational integrity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

For assistance with the above items, please contact the Biological Safety Officer.

By my signature, I certify that I have completed the Biological Materials Checklist correctly.

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Laboratory Exit/Renovation/Decommissioning Chemical Materials Checklist

Are there chemicals located in the following areas?			
Chemical Fume Hoods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Cabinets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Drawers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Bench Tops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Storage Cabinets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Refrigerators/Freezers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Cold Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all shared rooms or facilities, such as stock rooms, shared cold rooms or shared freezers, been checked for chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are there any chemicals in squeeze-bottles, beakers or flasks that cannot be sealed with a lid? If yes, they must be placed into a sealed container.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are there any reactive chemicals such as ethyl ether, organic peroxides, picric acid, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Are there any compressed gases? Cylinder vendor should retrieve and/or transport cylinders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all unknown chemicals been identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all chemicals been packaged according to procedures for transport and/or disposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Has an inventory of chemical waste materials been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

For assistance with the above items, please contact the Chemical Safety Officer.

By my signature, I certify that I have completed the Chemical Materials Checklist correctly.

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Laboratory Exit/Renovation/Decommissioning Cabinets, Bench Tops and Work Area Checklist

Have all debris and equipment been removed from the cabinets, bench tops, drawers and work areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have solid surfaces, bench tops, cabinets and floors been properly decontaminated using a HEPA vacuum and neutralizing and/or disinfecting cleaner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all signs been removed from the cabinets, bench tops and doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all rinseates and hazardous wastes been properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Laboratory Demolition Only

Have all the utilities, including gas, been disconnected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all cabinets and drawers been checked for chemicals and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all sink traps been removed and checked for chemical, including mercury, contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all solid surfaces, bench tops, cabinets and floors been removed and/or decontaminated on both sides using a neutralizing and/or disinfecting cleaner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If decontaminated surfaces contain asbestos-containing materials, have they been double-wrapped in clear polyethylene plastic for removal by an approved vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Will decontaminated scrap materials be recycled or land-filled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all rinseates and hazardous wastes been properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

For assistance with the above items, please contact the Safety Officer.

By my signature, I certify that I have completed the Cabinets, Bench Tops and Work Area Checklist correctly.

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

Laboratory Exit/Renovation/Decommissioning Chemical Fume Hood Checklist

How many fume hoods exist in the laboratory?			
Have all debris and equipment been removed from the fume hoods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have solid surfaces, bench tops, cabinets and accessible fume hood surfaces been properly decontaminated using a HEPA vacuum and neutralizing and/or disinfecting cleaner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all signs been removed from the fume hood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Has EHS been notified to evaluate fume hoods where perchloric acid was used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all rinseates and hazardous wastes been properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Chemical Fume Hood Demolition Only

Have all the utilities, including gas, been disconnected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all sink traps been removed and checked for chemical, including mercury, contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all panels and solid surfaces been removed and/or decontaminated on both sides using a neutralizing and/or disinfecting cleaner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Was the fume hood ductwork decontaminated using a HEPA vacuum and a neutralizing and/or disinfecting cleaner to the fume hood motor or, at least, to the first ductwork elbow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
If panels are asbestos transite panels, have they been double-wrapped in clear polyethylene plastic for removal by an approved vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Will decontaminated scrap materials be recycled or land-filled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have all rinseates and hazardous wastes been properly disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

For assistance with the above items, please contact the Safety Officer.

By my signature, I certify that I have completed the Chemical Fume Hood Checklist correctly.

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____