Procedures on vacating premises

Health, Safety and Security
Policy

Medical Research Council (MRC) Institutes and Units (establishments) will in time vacate their accommodation, either as a result of closure, relocation or major refurbishment.

The MRC requires that when an establishment vacates any accommodation, it must ensure that the accommodation is left as free from hazard and risk as is reasonably practicable.

The guidance included in this document is designed to aid those faced with closure or relocation.

Scope

This policy and guidance should be applied to the vacation of all premises, from single rooms through to whole buildings.

Responsibilities

The responsibility for ensuring that this policy is implemented remains with the establishment Director. Where circumstances allow, it may be appropriate to delegate duties to identified Team Leaders and Managers.
Directors' summary

This guidance is designed to assist establishments through the process of either closure or relocation.

The guidance has three major sections which, if followed, should enable the process of vacating premises to be done as efficiently as possible in potentially difficult circumstances. The three sections are;

**Guidance Note 1:** Physical management, which focuses upon disposal or transfer of materials (e.g., chemicals, radioisotopes, biological agents) and decontamination of facilities (e.g., fume cupboards, containment facilities)

**Guidance Note 2:** Systems management, which focuses on the notifications to authorities and agencies that may be necessary when certain work ceases at a specific location

**Guidance Note 3:** Record management, which helps identify those records that must be kept and transferred for archiving

Directors are required to bring this guidance to the attention of those with specific responsibilities for work areas and their contents to ensure:

- Costs for the vacation process are budgeted for by the establishment within the last financial year of operation
- All redundant materials and equipment are disposed of correctly and, where required, decontaminated before transfer or disposal
- All notifications are made to the appropriate authorities and agencies
- All records that must be retained are transferred to the appropriate location.

The Corporate Health, Safety and Security team (hereafter the Corporate team) is available to assist you and should be contacted as soon as practicable after the decision to vacate the premises has been confirmed.

It is possible that establishment numbers may reduce before the closure date to a point where persons are not available to perform all the necessary tasks. Directors may wish to delegate responsibilities to the head of each group to ensure closure is managed effectively.

If you have any questions concerning this guidance please contact a member of the Corporate team for assistance.

**MRC Health, Safety and Security section**
October 2010

Version 2: October 2010
Guidance notes

Procedures on vacating premises

The notes are designed both as an aide-memoir to Unit Directors and, where appropriate, to offer more detailed guidance on the health and safety aspects of vacating premises. Vacating premises may come about through re-location or closure of an establishment. The notes are designed to help with the management of the process and complement guidance and advice given by the Estates Management Section.

The guidance is divided into three major parts.

**Guidance Note 1**
Includes various aspects of physical management relating to the premises and property therein.

**Guidance Note 2**
Covers systems management relating to notifications to various authorities and other bodies.

**Guidance Note 3**
Deals with the retention and transfer of records.

A checklist heads each part followed by expanded guidance. Attention to the checklist will allow directors to focus on pertinent issues.

Templates and further guidance on decontamination and decommissioning is included in separate Appendices.
## Guidance Note 1

### Materials and premises

#### Checklist

<table>
<thead>
<tr>
<th>Disposal, transfer or decontamination</th>
<th>Category</th>
<th>Applicable</th>
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<tr>
<td><strong>Disposals or transfers</strong></td>
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<td>All other equipment</td>
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<td><strong>Decontamination</strong></td>
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<td>Radioisotope handling facilities</td>
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<td>Land</td>
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Introduction

Under the Environmental Protection Act 1990, as amended by the Environment Act 1995, and the Hazardous Waste (England and Wales) Regulations 2005 (as amended 2009) or the Special Waste Amendment (Scotland) Regulations 2004, the Medical Research Council has a clear duty of care to ensure that controlled waste is disposed of properly. Chemical waste must be appropriately labelled and packaged. Advice on this can be obtained from the Corporate team. In some instances equipment can be redistributed to other users but the guidance below is specifically for materials and substances. Some useful addresses are at the end of the guidance.

Where a more detailed check list is required, a template is provided as **Appendix 1** (adapted with thanks from the University of Oxford Guidance document).

Disposals and Transfers

Chemicals

Chemical compounds are classified according to their physical and biological properties e.g. very toxic, toxic, corrosive etc (these terms will modify slightly with the introduction of the EU Classification, Labelling and Packaging Regulations). In disposing of chemicals it is important to take note of any hazardous properties they may have and, where necessary, use appropriate protective measures during handling.

**Aqueous liquids**

**Non-hazardous, non-toxic** chemicals such as sodium or potassium chloride can be poured down the sink with copious amounts of water.

**Toxic soluble salts** such as potassium cyanide or sodium azide and **corrosive liquids** such as concentrated acids and alkalis should not be poured into the main drains. They require collection and disposal by a specialist chemical waste contractor. More dilute acid or alkali solutions (e.g. up to 2M) can be poured down the sink to the main drains with copious amounts of water. Small amounts (500ml or less) of concentrated acids or alkalis can in some instances be diluted and then disposed of down the main drains. A risk assessment must be carried out in this instance since some chemicals are incompatible, e.g. bleach and acids.

Please note that there may be some local restrictions on the disposal of specific substances into main drains.

**Organic solvents**

These should be appropriately labelled, collected and disposed of by a specialist chemical waste contractor.

**Solids**

These should be appropriately labelled for collection and disposal by a specialist chemical waste contractor.
Gases
Cylinders should be collected by the normal supplier. Please note that an establishment remains responsible for the rental on gas cylinders until they have been removed from the premises.

Radioisotopes
The Radiation Protection Supervisor (RPS) from the establishment should inform the Radiation Protection Adviser (RPA) of the impending move. The RPA will decide how to proceed to dispose of either sealed or unsealed sources of radioisotopes and advise the RPS accordingly.

Unsealed sources
The advice here will normally be on how to remove isotopes for storage or decay or how to arrange for transfer to another facility.

Sealed sources
The position here is potentially more complicated. The RPA will inform the RPS on how to remove the sealed source for storage. Normally this will involve removal by a specialist contractor and some financial cost will be involved. The Corporate team should be contacted in this instance.

A template for a radiological laboratory clearance report and results can be found as Appendix 2.

Biological Agents
The Biological Safety Officer (BSO) should always be consulted for specific advice. Samples transferred to other facilities require appropriate packaging and labelling. Reputable couriers can assist this process. If you wish to use The Royal Mail, it will only accept packages at the lower hazard level (requiring P650 packaging).

Biological material being disposed of should be dealt with as follows:

Non-pathogenic material
Autoclave then dispose as non-hazardous waste, as long as it is substantially free of other hazardous materials, e.g. radioisotopes or chemicals.

Pathogenic material
Autoclave then dispose as non-hazardous waste (as long as it is substantially free of other hazardous materials, e.g. radioisotopes or chemicals) or has hazardous waste, according to the requirements of your local authority.
Contaminated movable equipment

Disinfectants such as Virkon and Cetrimide are effective in the sterilisation of equipment, which has been used with or contaminated by biological material. The disinfectant must be used at the correct concentration and adequate protection such as a laboratory coat, eye protection and the correct type of protective gloves must be worn. A decontamination certificate should be issued with each piece of equipment (an example is at the end of the document).

Other equipment

Fixed equipment may include autoclaves and sterilisers. These will normally be dismantled by competent engineers. You should however ensure that you have carried out a risk assessment for this task. Always ensure that the engineer is made aware of the risk assessment or has done his or her own risk assessment before work commences. Some liaison may be necessary with utilities, e.g., water, electricity, etc.

Decontamination of Facilities

Fume cupboards

Ensure that chemicals and apparatus are all removed.

Ensure that gas and water supplies are switched off.

Ensure that the electricity supply is off and isolated.

Ensure that surfaces have been cleaned.

Ensure that drains are clear of chemical contamination.

A decontamination certificate for the ductwork may be required.

Radiation handling facilities

The RPS will ensure that radioactive sources have been removed. The designated controlled areas (e.g., the radioactive room) may have to be decommissioned and a decommissioning certificate issued to this effect. Supervised areas should be monitored to ensure that they are free from contamination. All equipment should be removed (after decontamination). The RPA should be contacted if long term radioactive contamination is anticipated. Contaminated equipment may have to be stored until such times that a sufficient number of half-lives have passed before it can be safely removed. The RPA and the Corporate team should both be informed if this is the case. Radioactively contaminated equipment should be cleaned with an appropriate cleaning agent, e.g., Decon. Sinks and drains must be free from radioactive contamination. A decontamination certificate should be issued to this effect. Examples of decommissioning and decontamination certificates are shown at the end of this document.
Containment facilities

The Biological Safety Officer (BSO) will be the person responsible for overseeing this operation. Microbiological safety cabinets if remaining in situ should have decontamination certificates. Laboratory staff will not normally carry out removal of such cabinets. If they are being removed however, you must ensure that HEPA filters have been removed first (normally by service engineers) after their decontamination through fumigation. On removal it is important that HEPA filters are disposed of correctly and safely. A decontamination certificate for each cabinet must be issued before it is removed (an example is at the end of the document).

Animal facilities

Responsibility for the removal of animals and the decommissioning of facilities rests with a number of persons:

The certificate licence holder for the registered building (this maybe the director)

Project licence holders

Named veterinary surgeons

Named animal care and welfare officer.

Re-housing or transfer of animals

Transfer to another establishment is covered by the Animals (Scientific Procedures) Act 1986. This requires the following:

The Home Office must receive applications for permission to move animals at least two weeks prior to the proposed move. The named veterinary surgeon or animal care and welfare officer must sign the section within the application form dealing with the fitness of the animals.

No transfer of animals and closure of facilities

Project licence holders are responsible for the humane killing of any animals designated to their project (Schedule 1 or other specified in their licence). The following procedures should be adopted.

Animal cadavers, soiled bedding and uneaten food should be incinerated.

Housing equipment, e.g. cages, water bottles, trolleys and shelving should be sterilised.

Floors, walls, doors, sinks, etc. should be washed down with an appropriate disinfecting and cleaning agent (e.g., TEGO, an ampholytic surfactant disinfectant)

Rooms should be fumigated (ventilation closed down and outlets etc. effectively sealed) using formaldehyde or hydrogen peroxide vapour. Formaldehyde fumigation should be for 24h duration. Extract fans should clear the fumigant for at least 3h before entry is allowed. Strict standard operating procedures (SOPs) should be followed.

Disposables from operating theatres and procedural rooms should be sterilised followed by incineration. Biological materials and chemicals such as drugs etc. should be disposed
of after seeking advice from the Unit Safety Co-ordinator, the Biological Safety Officer or member of the Corporate team.

The Home Office should be informed that the above has been completed and project licence holders must submit a return of procedures for the current year along with their licences and certificates of designation.

**General laboratories**

It is good practice to ensure that all equipment has been removed. Unwanted material for removal (by cleaners, etc.) should be clearly labelled. All electrical equipment should be isolated. Refrigerators should be emptied and left in a safe state. Benches should be clear of contamination (chemical, radiological). Once vacated a notice should be placed at a strategic point stating that the laboratory is, as far as is reasonably practicable, free from any contamination. This notice should also contain information regarding the status of the utilities (e.g. that power and gas are isolated).

**Land**

Under certain circumstances it may be necessary to determine whether surrounding land has been contaminated by the activities of research. Past usage should be considered particularly if chemicals have been stored in outhouses. Heavy contamination of land would appear unlikely but nevertheless this aspect should not be over-looked. Should you suspect land contamination contact your Estates Management Project Officer.
Guidance Note 2

Systems management

Notifications checklist

<table>
<thead>
<tr>
<th>Activity</th>
<th>Authority or Agency</th>
<th>Applicable</th>
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<tbody>
<tr>
<td>Radioisotope use</td>
<td>Environment Agency or Scottish Environment Protection Agency</td>
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<td>Health and Safety Executive (HSE)</td>
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<td>Biological Agents</td>
<td>Health and Safety Executive</td>
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<td>Alcohol Storage and Use</td>
<td>Customs and Excise</td>
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<td>Registered premises</td>
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<td>National Agriculture, Fisheries and Food Departments</td>
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<td>Fire</td>
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<td>Incinerator</td>
<td>Environment Agency</td>
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<td>General</td>
<td>Host Institution</td>
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<td>MRC Corporate Health, Safety and Security team</td>
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</table>
**Introduction**

When a Unit or team vacates premises it may be necessary, depending upon the type of research which has been carried out, to inform individual statutory bodies that specific types of work will cease on a certain date. This will certainly apply to independent (stand-alone) Units and may also apply to those Units and teams embedded in host institutions, depending on the arrangements with the host.

**General**

Where a Unit or team occupies premises of a host institution the proposed vacation must be discussed with the host at the earliest opportunity in order to ensure that the MRC leaves the accommodation clean and free of hazards associated with the work to the satisfaction of the host. In addition, the responsibility for notifying the relevant authorities, agencies and other bodies with respect to some or all of the Unit or team’s activities may rest with the host institution, depending on the agreement in place. At the end of the operation the MRC will require the host to provide written confirmation that the host has taken back responsibility for areas previously occupied by MRC staff.

The MRC Corporate team should be involved in this process. Once a Unit or team has vacated premises any outstanding problems or subsequent discoveries may present unnecessary difficulties which could have been avoided.

**Radioisotope Use**

Subject to any agreement with the host, the environmental agencies and the HSE both must be informed that radioisotope usage will cease. Where a Unit holds its own authorisation under the Radioactive Substances Act 1993, the licence for usage and storage of radioisotopes will be revoked by the appropriate authorities.

In Scotland the authority is the Scottish Office Environmental Department. In England and Wales it is The Environment Agency (EA).

**Biological Agents**

The Health and Safety Executive (HSE) may require to be notified if work is going to cease on the use of,

- Biological agents of any type or
- Biological agents under the Advisory Committee on Dangerous Pathogens (ACDP) or
- Genetically Modified Organisms or Micro-organisms (GMOs or GMMs)

The Unit Safety Co-ordinator and BSO will give advice on this matter. For GMO/GMM work independent Units may have their own Centre registration number from the HSE. Those embedded within host institutions may be registered through the host. In this case the BSO of the host should be informed. Re-location of the work requires that HSE be notified of the change. If a Unit is being closed but work is continuing under an ESS team leader or other forms of grant aided research then HSE will also have to be informed of both the change in status and place of work (if applicable). The registration number should be quoted in any correspondence regarding changes in GMO/GMM working practices.
If the Unit is the sole occupier of a site, or the sole employer on the site using or storing human pathogens of Hazard Group 2 or above, the HSE must be informed of the cessation of the work. This may not be required where other employers remain active in work with pathogens on the site.

Similar provisions may apply for notifying National Agriculture, Fish and Food Departments where animal and plant pathogens have been held or used under the appropriate licence.
# Retention and Transfer of Records

**Checklist**

<table>
<thead>
<tr>
<th>Type of record</th>
<th>Applicable</th>
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<tbody>
<tr>
<td>Radioactive records for stock control</td>
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<td>Surface contamination records</td>
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<td>Radioactive monitoring equipment records</td>
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<td>Health surveillance and exposure records</td>
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<td>Accident and investigation records</td>
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<td>Risk assessments</td>
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<td>Training records</td>
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<td>HASID</td>
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## General

This guidance should be read in conjunction with MRC Policy and Guidance on Record Keeping.

It is prudent to keep the majority of records (those relating to surveillance, training, risk assessment, equipment servicing and testing, etc) for the appropriate time, as stated in that document, following the closure of an establishment.

In the event of relocation, care must be taken to ensure all records are taken to the new location even if, for example, equipment is not transferred or if employees have left the MRC.
Specific

Radiation stock control records
These should be kept for 3 years.

Surface contamination
Any records of radiological spillages resulting in surface contamination should be kept for two years.

In the event of Unit or team closure the above records (only for the last two years) should be archived via MRC Headquarters Office.

Health surveillance and exposure records
Where:

- Employees have been required to undergo periodic health surveillance checks under regulation 11 of the Control of Substances Hazardous to Health (COSHH) Regulations (e.g. work involving animals with the associated risk from allergies or work with carcinogens)
- Employee records have been kept of all those working with biological agents under Schedule 3 of COSHH or,
- Records have been kept of registered classified radiation workers under the Ionising Radiations Regulations (IRR) -

Arrangements must be made for these to be archived.

Accident records and investigation
Arrangements should be made for archiving this information for 5 years.

Risk Assessments
Those applicable to continuing projects should be retained. Recent (within the past five years) risk assessments should be archived.

Assessments relating to work with genetically modified organisms must be kept for 10 years.

Training Records
Arrangements should be made to ensure that all training record data should be entered onto Oracle. Where this is not possible, the records should be kept for 3 years and the individual provided with a copy.

HASID
Establishments must ensure that the health and safety database (HASID) is fully up to date before closure. The Corporate team will then archive all material. If an establishment is relocating, the existing data will continue into the new location. Establishments will then need to review its contents for relevance in the new location.
Annex

Useful Addresses

Health and Safety Executive
Redgrave Court
Merton Road
Bootle
Merseyside
L20 7HS
0151 951 4000

Scottish Environmental Protection Agency
Erskine Court
The Castle Business Park
Stirling FK9 4TR
Tel: 01786 457700

Environment Agency
Head Office
Block 1, Government
Burghill Road
Bristol
BS10 6BF
0117 915 6220

Specialist Waste Contractors

Hazardous waste may include refrigerators which have been used to store noxious or biological substances and/or contain CFCs. Further advice should be sought on how this kind of equipment can be effectively de-contaminated prior to disposal.
LABORATORY CLEARANCE CHECKLISTS

**BIOLOGICAL MATERIALS**

Biological materials include but are not limited to:
- human and animal issues (fixed or unfixed)
- cells and cell lines (including stocks stored in liquid nitrogen)
- DNA/RNA
- animals and insects (including *Drosophila*)
- pathogens and toxins

If valuable biological material is to be saved then responsibility for it can be transferred to another person who is willing to accept it and who has indicated such a willingness in writing. If no such person can be found, then the material must be disposed of.

- Ensure that any ‘Schedule 5’ Toxins and Pathogens (as listed on HASID) are either transferred to a responsible person (notifying MRC Corporate Health, Safety and Security – the MRC Corporate team) or they are disposed of correctly.
- Ensure that all biological materials are properly labelled and secure.
- Decontaminate waste material by autoclaving or chemical disinfection and dispose of it in accordance with local waste disposal policy.
- Clean and disinfect glassware, incubators, drying or curing ovens,
- Clear out and decontaminate refrigerators
- Clear out, defrost, and decontaminate freezers.
- Clean, decontaminate and where necessary fumigate microbiological safety cabinets
- Remove redundant biohazard signs
- Clean and tidy up your work area

If in doubt consult the MRC Corporate team for advice.

<table>
<thead>
<tr>
<th><strong>BIOLOGICAL MATERIALS</strong></th>
<th>Disposed of</th>
<th>Transferred to an individual [enter name in ‘details’]</th>
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**CHEMICALS**

- Check refrigerators, freezers, fume hoods, bench tops and cupboards for chemicals.
- Pay particular attention to shared storage areas.
- Clear out all storage cabinets (e.g. for flammables, toxics, and corrosives) and dispose of/transfer chemicals as appropriate.
- Clear out fume cupboards.
- Ensure all containers are labelled with their proper chemical name (not just a sample code).
- Unidentified chemicals cannot be sent for disposal – they will have to be analysed if necessary.
- Empty and clean all bottles, beakers, flasks, and other glassware.
- Ensure any drug precursor chemicals or Schedule 5 toxins are disposed of properly.
- Clean and tidy up your work area.
- All chemicals must be removed before the laboratory is vacated.

If any valuable or useful chemicals are to be saved, responsibility for them can be transferred to another person who is willing to accept it and who has indicated such willingness in writing. If no such person can be found, dispose of the material appropriately.

If there are large quantities of chemicals for disposal, or if there is any doubt about the disposal appropriate route, you must contact the MRC Corporate team and, where appropriate, the Host Institute Health and Safety Office at an early stage. The process of disposal can take some time, and needs to start some weeks before vacating the laboratory.

**If in doubt consult the MRC Corporate team for advice.**

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<th>CHEMICALS</th>
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RADIOACTIVE MATERIALS

- In normal operation, radioactive materials should be carefully recorded and disposed of regularly.
- Carefully label and make secure any remaining material e.g. stock vials, sealed sources etc.
- Ensure that each item has an associated Stock Sheet.
- Dispose of waste material according to the procedures outlined in the Local Rules.
- Ensure that waste disposal limits (e.g. sink limits for aqueous waste) are not infringed.
- As radioactive materials are disposed of, Stock Sheets must be signed off and retained.
- Check for contamination and if necessary decontaminate, clean and tidy up the work area. Records must be made of this process.
- Where radioactive materials have been held and used and the laboratory is to revert to non-radioactive use, the establishment must confirm in writing that the laboratory has been adequately cleared and decontaminated.

Dispose of all material in accordance with the local rules. Record such disposals on the appropriate Stock Sheet.

Radioactive materials must not be abandoned by departing establishments or groups. This can have serious and costly consequences. If material is legitimately to be left behind, obtain written permission to do so (host RPS or MRC Corporate team).

If in doubt consult your RPS for advice.

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EQUIPMENT

Return gas cylinders/lecture bottles to stores, if available (remove regulators first).

Remove and safely dispose of all unusable or obsolete equipment.

Refrigerators and freezers must be cleaned and, if necessary, decontaminated before disposal. Note that these items are hazardous waste and disposal must be via the approved route.

Before disposing of any electrical equipment, seek advice as these disposals are subject to legislation.

Clean and decontaminate any equipment that is to be left (e.g. glassware, incubators, ovens, balances, centrifuges).

Ensure any custom built equipment being left behind or transferred to new ownership has adequate operating instructions and an appropriate risk assessment covering its operation.

Clean and tidy up your work area.

If in doubt consult the MRC Corporate team for advice.

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<th>EQUIPMENT</th>
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To be completed by the P.I /Group Leader responsible for the area/equipment: | To be completed by the Unit Safety Coordinator or senior manager if USC no longer present.

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These signatures must accompany the completed Room/Equipment checklists for the laboratory or laboratories cleared.
RADIOLOGICAL CLEARANCE REPORT

Report to: Radiation Protection Adviser, MRC Corporate Health, Safety and Security and host institute as appropriate

Report from: name

Subject: Radiological clearance report of [insert details of dept, building]

Date of survey:

Introduction

This document is a radiological clearance survey of ....[room] .... performed on .....[date]..... as a result of decommissioning.

1. Assessment methodology

Specific areas were identified for inclusion based on historical records of radioisotope usage and disposal supplemented by an inspection to identify any signs of radiation work; for example, the presence of radiation warning signs or equipment and documents common to radioisotope laboratories.

The method of contamination monitoring was selected depending on the radioisotopes in use. Suitable held monitoring instruments were used to perform direct contamination monitoring for most isotopes. Geiger Muller detectors or gas filled proportional counters were used for medium to high energy beta emitters and gamma emitters. Scintillation detectors were used for photon emitters.

Because of the limitations of hand held monitors for contamination monitoring for low energy beta emitters (e.g. tritium and $^{14}$C), indirect contamination monitoring was carried out using wipe tests and liquid scintillation counting. Wipes were taken using [insert method] .... of an area of .... [insert area, for example a short length of bench]..... and then counted using a ....[insert details].... liquid scintillation counter. Results are attached to this report.

Liquid scintillation counting efficiency for $^{14}$C was approximately [figure] percent and for 3H approximately [figure] percent. The activity removed by the wipe (i.e. activity counted using the liquid scintillation counter) is estimated, by convention, to be one tenth of the surface activity.
2. **Areas surveyed**

The following laboratories/rooms were surveyed:

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<th>Building / room identifier</th>
<th>Isotopes previously used</th>
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Within those rooms, the following fixtures and fittings were monitored directly or indirectly as appropriate:

1. **Work surfaces** where radiation work was undertaken, including any equipment (e.g. drip trays) in which work took place.

2. **Sinks** and draining boards used for the disposal of aqueous radioactive waste and adjacent work surfaces. Sink traps were disconnected and monitored internally. Open ends of connected pipework were also monitored. Sections of pipework giving elevated count rates in comparison to background radiation are identified in this report.

3. **Fume hoods** used for work with radioactivity. All internal work surfaces and aqueous waste disposal sinks were monitored as above. Gaseous extract points were monitored using wipes.

4. **Storage locations** for radioactive stocks, in process materials, and radioactive waste, including fridges, freezers and cold rooms. Samples of freezer ice were counted by liquid scintillation.

5. **Equipment** used for work with radioactive materials which it is proposed to leave behind; e.g. ovens, incubators, centrifuges etc.

6. **Floors**.

7. **Further points** where radioactive contamination is reasonably foreseeable; e.g. handles, switches etc.

8. **Actions taken**

Attempts were made to remove all identified contamination using moist paper wipes initially and then subsequently using [insert method] as appropriate. No aggressive decontamination techniques have been employed at this point. Areas where contamination remains fixed in spite of efforts to decontaminate are highlighted in an annex to this report.

Waste radioactive materials arising out of the decontamination of facilities have been disposed of in accordance with Unit or Host arrangements and authorised limits as aqueous, solid or organic liquid radioactive waste. Any additional items which cannot be disposed of as such (e.g. any waste sealed sources or unidentified...
items; quantities of uranium and thorium salts; or items for which guidance is sought on disposal) remain in secure storage in the locations specified.

Results

Results are included in Annex 1.

Conclusion

This report details the radiological survey undertaken of those areas identified in this report.

[Name]

[Date]
Annex 1: Monitoring results

Instrument used for photon emitters:

[insert make & model number (e.g. Mini Instruments 900 44B) and serial number]

Background count rate:

Instrument used for medium/high energy beta emitters:

[insert make & model number (e.g. Mini Instruments 900 EP15) and serial number]

Background count rate:

Liquid scintillation counter used for analysis of wipes:

[insert make & model number (e.g. Beckmann LS500TD) and serial number]

Background count rate:

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<thead>
<tr>
<th>Room identifier</th>
<th>Area/item monitored</th>
<th>Relevant isotopes</th>
<th>Maximum count rate above background (after any decontamination)</th>
<th>Wipes taken (tick)</th>
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Equipment service repair
Decontamination certificate

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<th>DEPARTMENT</th>
<th>COST CENTRE CODE</th>
<th>DATE</th>
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<th>SERVICE NO. or INVOICE NO.</th>
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**FAULT DESCRIPTION:**

**IMPORTANT**

It is the responsibility of the user to ensure that equipment to be serviced/repaired is in a clean and ‘safe’ condition i.e. free from Microbiological, Chemical and Radiological contamination. EQUIPMENT WILL NOT BE SENT FOR SERVICING UNLESS THIS FORM HAS BEEN SIGNED.

Please complete the appropriate section below.

1. The equipment described above has not been exposed to micro-organisms, clinical material, radioisotopes or hazardous chemicals.

   Signed: ...........................................(User)
   Date: .............................................

2. The equipment described above has been exposed to micro-organisms/clinical material/radioisotopes/hazardous chemicals* and appropriate decontamination procedures have been carried out.

   Signed: ...........................................(User)
   Date: .............................................

3. Complete decontamination of the equipment described above cannot be achieved.

   Nature of residual contamination
   …………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………

Version 2: October 2010
Suggested precautions to be observed when handling or servicing
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Signed:........................................................(User)
    Date:.....................................................

Laboratory Manager Authorisation

Name:.....................................................................................................................

Signature:..............................................................................................................

*Please delete as appropriate
# Decommissioning certificate

It is the responsibility of the Unit director or Team leader to ensure that all laboratory areas and rooms vacated are safe from chemical, radiological and/or biological contamination. On a practical basis this task will most likely be delegated to others such as the laboratory manager but the Unit director or Team Leader must be aware of their responsibility and countersign this certificate.

Please complete the sections below.

| 1. | This laboratory area/ room/ rooms* which was used for chemical, radiological/ biological* work as part of the Medical Research Council (name) Unit is now no longer occupied by the above Medical Research Council Unit. |
| 2. | All chemical, radiological and/or biological* materials have been removed. |
| 3. | All the facilities in (1) above including fixtures such as sinks/ fume cupboards/micro-biological safety cabinets/benches* have, as far as is reasonably practicable, been rendered safe. |

Additional notes:

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* delete as appropriate