**Reagent Cleanout Policy**

**Objective**

This policy addresses chemical reagent disposal (used and unused) specific to laboratories. It applies to laboratories disposing of more than 15 of such compounds that exceed 25 pounds in total weight at any one time. Such instances may result from retirement, graduation, relocation, close-out, renovation, and/or abandonment. EHS reserves the right to require this policy be followed in circumstances that department personnel deem necessary. Please note this policy is specific to *chemical* reagents; it is not intended for biological materials, abandoned laboratory equipment, and/or trash.

**Policy**

Written notification and the attached form must be sent to EHS 30 days prior to when removal is needed. Failure to follow these requirements may result in department or laboratory owners being held responsible for disposal and require a third-party vendor. Should the cost of disposal exceed $500, EHS will require funding from the corresponding laboratory, group, or department.

**Roles and Responsibilities**

PI/Lab Manager

* Notify EHS 30 days prior to closing, vacating, renovating, or relocating a laboratory by sending the attached form to [nauehs@nau.edu](mailto:nauehs@nau.edu)
* Sweep all pertinent areas (refrigerators, fume hoods, cabinets, shelving, etc.) for reagents and samples
* Determine if unused reagents can be used by neighboring labs
* Ensure all chemicals for pickup are labeled with full chemical name or are assigned with   
  best guesses as to their identification
* Designate waste from non-waste reagents (sharpie, tape, etc.) if necessary
* Decontaminate potentially contaminated services

Department Chair

* In the absence of a PI/Lab Manager, Department Chairs shall ensure all preceding requirements are fulfilled

EHS

* Advise PI/Lab Manager during process
* When contacted for waste disposal, select date for pickup
* After clean out, verify all activities have been completed
* Contact responsible parties when process is complete or if additional work is needed
* Estimate disposal costs and/or forward waste invoices to appropriate party if necessary

**Laboratory Clean Out Form (submit to** [**nauehs@nau.edu**](mailto:nauehs@nau.edu) **30 days prior to needed removal)**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_

Building and Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Email and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimate of total containers and weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle all that apply**

Are all wastes labeled, identified, and containerized? Yes No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are all wastes in a specific location, room, or area? Yes No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are the wastes any of the following:

* Poison Inhalation Hazard Yes No Don’t Know
* Water Reactive Yes No Don’t Know
* Severely Toxic Yes No Don’t Know
* Peroxide Forming Yes No Don’t Know
* Unstable/Reactive/Explosive Yes No Don’t Know
* Radioactive and/or Biological contamination Yes No Don’t Know
* Compressed Gas Yes No Don’t Know
* DEA controlled substance Yes No Don’t Know