

**Western Human Resources
Occupational Health and Safety**



Laser Decommissioning/Transfer Checklist

Permit Holder: _____
 Permit #: _____
 Room #: _____
 Facility Telephone: _____
 E-mail: _____
 Contact Person: _____

Department: _____
 Building: _____
 Office Telephone: _____
 Emergency Telephone: _____
 Office Telephone: _____
 E-mail: _____

Room#	Building	Type	Wavelength(nm)	Model #	Serial #	Manufacturer	Energy	CW/SP/MP

Checklist:

	Completion Required by Permit Holder		Reviewed by Health and Safety Consultant	
Removal of LASER Equipment for disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removal of required postings/ signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removal of all inventory for disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transfer of LASER Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In-Case of Transfer of LASER Equipment	
Transfer Location and room number (if applicable):	Contact Details of Transferee:

Declaration:

I, _____, as the Permit Holder of the laboratory(ies) at room(s) _____ in the _____ building. We have completed all the checklist above and have not left any hazardous materials behind. We have vacated our lab that includes decontaminating work surfaces, removing all equipment, furniture, and hazardous materials from the facility.

 Signed: Applicant Date

 Signed: Department Chair Date

 Signed: Health and Safety Consultant Date

 Signed: Radiation Safety Committee Chair Date