

**CHEMICAL and BIOLOGICAL SAFETY OFFICES**  
**LABORATORY CLEARANCE/TRANSFER FORM**

To close a laboratory permanently, relocate a laboratory, and/or transfer Chemicals and Biological agents complete the following information and return to the EHS Division via:

- Inter-Office Mail – CI-1001
- Email – [Chemsafety@augusta.edu](mailto:Chemsafety@augusta.edu)
- Your Department CSO Representative

Date: \_\_\_\_\_

<b>SECTION I – To be completed by the Principal Investigator</b>
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Name of Current Principal Investigator: \_\_\_\_\_

Location of Chemicals - Bldg. & Room No.: \_\_\_\_\_

Department: \_\_\_\_\_

Office - Bldg. & Room No.: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Closure Objective:

\_\_\_\_\_ Permanent closure of laboratory – laboratory shut down or PI leaving the institution

\_\_\_\_\_ Laboratory relocating to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Principal Investigator

\_\_\_\_\_  
Date

If you are planning to transfer Chemicals or Biological Agents, complete Section II below

<b>SECTION II - NEW PRINCIPAL INVESTIGATOR</b>
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Name of New Principal Investigator \_\_\_\_\_

Lab Location Bldg. & Room No.: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby accept responsibility for all of the chemicals located in \_\_\_\_\_  
Bldg. & Room Number

\_\_\_\_\_  
Signature of New Principal Investigator

\_\_\_\_\_  
Date

All information must be completed to transfer responsibilities for laboratories/chemicals prior to exit from Augusta University.

**SECTION III – To be completed by the EHS Division**

Date: \_\_\_\_\_

Signature below indicates the laboratories under this individual's care have been cleared by Environmental Health and Safety Division inspection.

\_\_\_\_\_  
Signature of BSO Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CSO Representative

\_\_\_\_\_  
Date

All information must be completed to transfer responsibilities for laboratories or chemicals prior to exit from Augusta University.