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## LAB EQUIPMENT RELEASE POLICY

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**Category:** Facilities

**Date Established:** 4/22/02

**Responsible Office:** Environmental Health & Safety

**Date Last Revised:** -

**Responsible Executive:** Executive Vice President University Support Services

**Date Posted to Library:** 6/29/09

This policy has not yet been vetted or formatted as part of the [policy review project](#), however, all requirements of the policy are current and in force.

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### Summary

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This policy prescribes the procedures to be followed to safely and legally release for unrestricted use, laboratory equipment which may potentially be contaminated by hazardous chemical, radiological, or biological materials. Adherence to this procedure will ensure that employees, students, and members of the public are not needlessly exposed to potentially dangerous materials, and that no materials are inappropriately released to the environment.

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### Policy

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#### POLICY STATEMENT

##### Material Removal

All hazardous chemical, radiological, or bio-hazardous materials shall be removed from equipment, placed in appropriate packaging, and placed in an appropriate storage facility or disposed of in accordance with established procedures before release of equipment.

Chemicals designated for disposal shall be disposed of in accordance with the Hazardous Chemical Waste Management Guidebook or Laboratory Waste.

EH&S staff, in accordance with established procedures, will pick up radiological materials designated for disposal.

Bio-hazardous materials will be disposed of as regulated medical waste in accordance with established procedures. These materials may first be treated by chemical or high temperature methods to reduce risk prior to disposal as regulated waste.

Some materials require support by trained specialists, such as the removal of internal radioactive sources from liquid scintillation counters. The department or principal investigator shall make arrangements with the counter manufacturer for the proper removal and disposal of the sources. All such work must be documented.

##### Decontamination

All hazardous chemical, radiological, or bio-hazardous materials shall be removed from facility surfaces before release of the facilities. Decontamination shall be performed as outlined herein:

##### Radiological Materials

Radioactive contamination shall be removed by standard radiological decontamination methods. The maximum level of residual radioactivity shall be as determined by EH&S policy, or by Chapter I, Part 16 of the State Sanitary Code, whichever is more limiting. A documented "close out survey" shall be conducted by EH&S. Surveys will be performed by the Principal

Investigator to demonstrate that decontamination limit has been achieved. These surveys shall be documented, and records shall be available for review by EH&S or by the Department of Health. The Principal Investigator shall notify EH&S of the impending close out. The area will then be posted in accordance with EH&S policies. All waste generated in the course of decontamination shall be disposed of as radioactive waste. After the close out survey is completed radioactive labels and stickers shall be removed or defaced.

### **Chemical Residues**

Shall be removed, neutralized, or otherwise rendered non-hazardous using an appropriate method determined by the chemical and physical characteristics of the contaminant(s), and the physical nature of the facilities surfaces. Hazard labels shall be removed or defaced as appropriate. The decontamination method shall be documented, and records shall be available for inspection by EH&S. Any incidental wastes shall be disposed of properly.

### **Bio-hazardous Contaminants**

Shall be removed or rendered non-pathological. Typically this will be accomplished using a bleach solution or other chemical means. Hazard labels shall be removed or defaced as appropriate. The decontamination method shall be documented, and records shall be available for inspection by EH&S. Any incidental wastes shall be disposed of properly as regulated medical waste.

### **Certification and Labeling**

Once Material Removal and Decontamination have been completed the Principal Investigator (or other authorized individual as designated in writing), shall affix a copy of the "*Equipment Release Certification*" form to the equipment. All sections of the form shall be completed with the relevant information or "NA" as appropriate. A copy of the form will be retained, and shall be available for inspection by EH&S.

### **Equipment with No Potential for Contamination**

Some equipment within laboratories has essentially no potential for contamination. This would include computers and office equipment, audio-visual equipment, cameras, optical equipment, food storage refrigerators etc. No decontamination of this equipment is required and the "No potential for Contamination" box shall be checked on the release form. In addition to this check off, the name and date section should be completed, and the other sections may be left blank.

### **Equipment Release**

Once the equipment release/certification form has been affixed to the equipment it may be discarded, stored, or transferred. University Facilities Operations will not pick up or transport any equipment, which has not been tagged.

### **Special Problems**

All special or unusual problems will be referred to EH&S for resolution. Any deviation from the requirements of this procedure must be approved in writing by EH&S.

## **APPLICABILITY**

This procedure applies to all potentially contaminated equipment originating from any laboratory where radiological, hazardous chemical or biologically hazardous materials are used, created, or stored. This may include but is not limited to fume hoods, benches, autoclaves,

centrifuges, refrigerators, freezers, incubators, BioSafety cabinets, and analytical equipment (hereinafter “the equipment”).

This procedure applies to equipment originating from campus facilities and from off-campus locations as well.

## DEFINITIONS

**Employee** - University at Buffalo Facilities employees

**Equipment** - Any laboratory equipment used for research or storage of research materials, including but not limited to fume hoods, autoclaves, centrifuges, refrigerators, freezers, incubators, etc.

**Materials** - Hazardous, radiological, or biological materials

**EH&S** - Environment, Health & Safety Services

**Safe or Safety** - Having no exposure to potentially dangerous concentrations of materials

## RESPONSIBILITY

### Deans, Directors, and Department Chairs

Will ensure that all Faculty and Principal Investigators receive a copy of this procedure, are instructed that it is necessary to comply with the terms of this procedure, and will ensure that this procedure is followed.

### Faculty and Principal Investigators

Will ensure that all laboratory personnel have access to a copy of this procedure, that the procedure is followed, that any unusual problems are referred to Environment, Health & Safety (EH&S) Services for discussion and resolution.

### Laboratory Staff and Students

Will follow this procedure, and will refer any problems or questions to their supervisor.

### Environment, Health & Safety Services

Will provide consultative support, will assist in managing unusual or special problems, and will authorize any necessary deviations from this procedure

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## Contact Information

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University Facilities  
Environmental Health & Safety Services  
220 Winspear Avenue  
Buffalo, NY 14215  
South Campus

Phone: (716) 829-3301  
Fax: (716) 829-2704

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## Related Information

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**University Documents:**

[Radiation Protection Services "Radioactive Materials Safety Manual"](#).

[Chapter I, Part 16 of the State Sanitary Code \(NYCRR Title 10\).](#)

[University at Buffalo "Chemical Waste Management Guide"](#)

[Checklist for Unrestricted Release Certification of Equipment Containing Hazardous Chemicals and Biological Agents](#)

[Checklist for "OK to Service" and Unrestricted Release of Equipment Used with Radioisotopes](#)

[Equipment Release Certification Form](#)