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| Date Facility due to be Decommissioned |  |
| Date Decommissioned |  |
| School/Unit |  |
| Building |  |
| Room number |  |
| Reason for Decommissioning |  |

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| Decommissioning Procedure for Risk Group 1 and 2 biological agents  Note: This checklist must be completed and signed by the person responsible for managing the area | Date completed |
| 1. Complete a risk assessment on the decommissioning process |  |
| 2. Wear personal protective equipment to create a barrier between yourself and the disinfectant chemical(s) e.g. long-sleeved laboratory coat/gown, gloves and face shield |  |
| 3. Ensure all biological culture material and waste is removed and decontaminated |  |
| 4. Select hospital grade disinfectant appropriate for the agent(s) in use. For example, although a quaternary ammonium compound would be adequate for E.coli, it would not be effective for Mycobacterium tuberculosis, for which one would want a phenolic-based disinfectant.  Specify disinfectant used: |  |
| 5. Identify areas that need to be disinfected. These include bench tops, floors, surfaces of equipment and other potentially contaminated places (biosafety cabinets, fume hoods, water baths, centrifuges, refrigerators, incubators, walls, sinks, etc). List decontaminated areas and items: |  |
| 6. Pour or spray the disinfectant (as specified in step 4) on the areas to be decontaminated or onto towelling. Rub the areas and repeat. Leave a film of disinfectant on the surface to air dry. If using a phenolic-based compound, follow up with a water rinse to remove any phenolic residue. For this procedure to be effective, the disinfectant must contact the organism and be in contact for sufficient time to kill (refer to the manufacturer’s recommendations). |  |
| 7. As appropriate, autoclave or chemically disinfect waste and equipment used in the laboratory |  |
| 8. List any other decommissioning procedures/requirements specific to the local area: |  |
| 9. Remove all biohazard waste receptacles |  |
| 10. Disinfect and wash all personal protective equipment |  |
| 11. Remove PC2 signage from access doors and any other relevant signage |  |
| 12. Completion of the work – laboratory is fully decommissioned |  |

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| **Person responsible for managing facility** | | |
| I certify that the area described above has been decontaminated and all biological hazards removed, according to the work practices identified in this document and that the facility is no longer designated a PC2 facility. | | |
| Name | Signature | Date |
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| **Head of School** | | |
| Name | Signature | Date |
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| ***Records Storage Instructions*** |
| *This completed form must be recorded in TRIM Container A17/817 utilising a TRIM license in your School/Business Unit. Only the HR Team is able to* ***view*** *records in this container.* |