VAMHCS R&D Service

Signature Sheet for Laboratory Decommissioning/Deactivation/Transfer Process

P.I./Lab Director's Name: _____

Laboratory Room Number: _____

Approving Signatures:

Certification of Identification and Disposal of Hazardous Materials:

_____

Facility Industrial Hygienist **Date**

Certification of Identification and Disposal of Infectious Agents:

_____

VAMHCS Infection Control **Date**

Certification of Identification and Disposal of Infectious Agents:

_____

VAMHCS Radiation Safety Officer **Date**

Certification of Equipment Turn-Ins with Supporting Documents:

_____

ACOS/R&D	**Date**