

Laboratory Check-Out Form

Name of Exiting Researcher (print) _____

Supervisor _____

Room(s)/Building(s) _____

Work performed _____

Please initial the items completed, mark NA for items that do not apply:

1 _____	Waste – a request for pick-up of unwanted hazardous materials has been submitted to EH&S and containers placed in the Satellite Accumulation Area with tags completed.
2 _____	Chemical containers – all chemical containers used by me have been properly labeled and stored.
3 _____	Research Products – research samples and prepared solutions have been transferred to _____. An inventory of transferred or disposed materials is attached or located on the computer and includes amounts and storage location.
4 _____	Biological materials – biological materials (organisms, tissues, fluids, cell lines, etc.) have been decontaminated and disposed of or the biological materials inventory is up to date and includes storage location(s).
5 _____	Radioactive materials users – EH&S has been notified of departure so that radioactive materials can be disposed/transferred and the laboratory decommissioned.
6 _____	Research Documents – notebooks and data records are in order [<i>Notebooks and data are the property of Iowa State University and cannot be removed; however copies can be made for writing up publications.</i>]. The locations and organization of notebooks, data and computer files has been reviewed with my supervisor.
7 _____	Computer files – personal files and software are deleted from computers, research documents and software necessary for viewing images or data remain on computers for analysis.
8 _____	Workspace – Personal workspace and equipment used has been cleaned/decontaminated/ disinfected. Please indicate that the following locations have been checked and all samples and prepared solutions have been properly discarded or transferred to _____: <input type="checkbox"/> lab bench <input type="checkbox"/> refrigerators/freezers <input type="checkbox"/> cell culture room <input type="checkbox"/> explosion proof freezer/refrigerator <input type="checkbox"/> fume and/or biosafety cabinet <input type="checkbox"/> walk-in-cold room &/or freezers <input type="checkbox"/> shelves, storage areas <input type="checkbox"/> ultralow (-80°C) freezer(s)
9 _____	Keys – all keys have been located and returned to General Services.

10 _____	To dispose of unwanted laboratory equipment fill out the Laboratory Equipment Disposal Form and send to EH&S.
11 _____	Other routine or safety-related duties that I am responsible for: _____

New Information

Address: _____

Phone: _____

Email: _____

Comments:

(Signature of Exiting Researcher)

(Date)

Verified By: _____ (Supervisor, lab manager or safety officer)