

## Laboratory Check-Out Form

Name of Exiting Researcher (print) \_\_\_\_\_

Supervisor (print) \_\_\_\_\_

Room(s)/Building(s) \_\_\_\_\_

Work performed \_\_\_\_\_

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

1 _____	<b>Waste</b> – a request for pick-up of <a href="#">unwanted hazardous materials</a> has been submitted to EH&S and containers placed in the Satellite Accumulation Area with tags completed.
2 _____	<b>Chemical containers</b> – all chemical containers used by me have been properly labeled and stored.
3 _____	<b>Research products</b> – 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 _____	<b>Biological materials</b> – biological materials (organisms, tissues, fluids, cell lines, etc.) have been decontaminated and disposed of. The biological materials inventory has been updated and includes storage location(s) of all transferred materials.
5 _____	<b>Radioactive materials users</b> – EH&S has been notified of departure so that radioactive materials can be disposed/transferred and the laboratory decommissioned.
6 _____	<b>Research documents</b> – 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 _____	<b>Computer files</b> – personal files and software are deleted from computers, research documents and software necessary for viewing images or data remain on computers for analysis.
8 _____	<b>Workspace</b> – 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"/> laboratory bench <input type="checkbox"/> refrigerators/freezers <input type="checkbox"/> cell culture room <input type="checkbox"/> explosion proof freezer/refrigerator <input type="checkbox"/> fume hood 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 _____	<b>Keys</b> – all keys have been located and returned to Building Security Services, General Services.

10 _____	To dispose of unwanted laboratory equipment fill out the <a href="#">Laboratory Equipment Disposal Form</a> 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, laboratory manager, or safety contact)