Student & Post Doc Laboratory Check-out Form

Name of Exiting Student/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 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 within the __________________________ group. An inventory of transferred materials is attached or located on the computer and includes: experiment number, date prepared, amount remaining and storage location.

4. **Biological materials** - an inventory of biological materials (cell lines, etc) is attached or located on the computer and includes: detailed instructions and conditions for growth of each, passage number, date, and storage location of each vial.

5. **Radioactive materials users** – EH&S has been notified of departure so that radioactive materials can be disposed/transferred and the laboratory decommissioned if necessary.

6. **Research Documents** - notebooks and data records are in order [Notebooks and data are the property of Iowa State University and cannot be removed; however copies can be made for writing up publications.]. The locations and organization of notebooks, data and computer files has been reviewed with my supervisor and data suitable for publication has been identified.

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 within the __________________________ group:

   _____ lab bench (cleaned and organized), _____ refrigerators/freezers,
   _____ cell culture room, _____ explosion proof freezer/refrigerator,
   _____ fume and/or biosafety hood, _____ walk-in-cold room &/or freezers,
   _____ shelves, storage areas _____ ultralow (-80C) freezer,

9. **Keys** - all keys have been located and returned to General Services. NWRC keys have been returned to NWRC.

10. Other routine or safety-related duties that I am responsible for: __________________________
new address/ phone #/email:

COMMENTS:

__________________________________________  ______
(Signature of Exiting Researcher)  (Date)

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