

Faculty or Staff 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 materials has been submitted to EH&S and containers placed in the Satellite Accumulation Area with tags completed.		
2	Chemical containers – all chemical containers and secondary chemical solutions used by me or my graduate students have been properly labeled and either transferred to other faculty or picked up by EHS.		
3	Research Products - research samples and prepared solutions have been picked up by EHS for appropriate disposal.		
4	Biological materials - all biological materials (cell lines, etc) have either been transferred to another faculty member or has been picked up by EHS.		
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 given to the Department Chair to be given to ISU Archives or are destroyed appropriately. <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> .		
7	Computer files – personal files and software are deleted from computers.		
8	<p>Workspace – laboratories and equipment used have been cleaned/decontaminated/disinfected. Equipment has been properly transferred to other faculty within the Department or picked up by ISU Surplus. Items that will go to ISU Surplus must be sanitized with 10% bleach and a Laboratory Equipment disposal form must be filled out, attached to each item, and EHS informed. The form can be on the EHS web site: https://www.ehs.iastate.edu/sites/default/files/uploads/forms/equipdisposal.pdf</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> lab bench (cleaned and organized), <input type="checkbox"/> cell culture room, <input type="checkbox"/> fume and/or biosafety hood, <input type="checkbox"/> shelves, storage areas <input type="checkbox"/> human participant folders <input type="checkbox"/> Liquid nitrogen tank contents </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> refrigerators/freezers, <input type="checkbox"/> explosion proof freezer/refrigerator, <input type="checkbox"/> walk-in-cold room &/or freezers, <input type="checkbox"/> ultralow (-80C) freezer, <input type="checkbox"/> gas tanks returned <input type="checkbox"/> Trtments for human/animal studies </td> </tr> </table>	<input type="checkbox"/> lab bench (cleaned and organized), <input type="checkbox"/> cell culture room, <input type="checkbox"/> fume and/or biosafety hood, <input type="checkbox"/> shelves, storage areas <input type="checkbox"/> human participant folders <input type="checkbox"/> Liquid nitrogen tank contents	<input type="checkbox"/> refrigerators/freezers, <input type="checkbox"/> explosion proof freezer/refrigerator, <input type="checkbox"/> walk-in-cold room &/or freezers, <input type="checkbox"/> ultralow (-80C) freezer, <input type="checkbox"/> gas tanks returned <input type="checkbox"/> Trtments for human/animal studies
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9	Keys - all keys have been located and returned to General Services. NWRC keys returned to NWRC.		
10	Other routine or safety-related duties that I am responsible for: _____		

new address/ phone #/email:

COMMENTS:

(Signature of Exiting Faculty)

(Date)

Verified By: _____ (Department Chair)