

EXAMPLE

DEPARTURE FORM AND CHECKLIST

NAME: _____

LAB GROUP: _____ ROOM: _____

FORWARDING

ADDRESS: _____

EFFECTIVE DATE OF TERMINATION: _____

	YES	NO
Laboratory space left orderly and clean	()	()
All chemicals and materials removed from warm rooms, cold rooms, freezers and storage cabinets, etc.	()	()
Office space cleaned; file cabinets, bookcases, etc.	()	()
All equipment returned	()	()
All waste and samples were removed and properly Disposed	()	()
All keys turned into Headquarters	()	()
Parking Sticker Returned	()	()
Lab Notebooks	()	()

Any remaining chemicals and samples procured by me are under the care of:

_____ in _____
Name Room

Please sign: _____

I have confirmed the above checklist and accept all responsibility of compliance.

Principal Investigator

Laboratory Safety Representative