

## Graduate Student/Post Doc Laboratory Check-Out Form

Name of exiting graduate student/post doc (print) \_\_\_\_\_

PI or supervisor (print) \_\_\_\_\_

Building(s)/room(s) \_\_\_\_\_

Please initial the items completed, mark NA for items that do not apply and sign.

1 _____	<b>Chemical containers:</b> all chemical containers used by me have been properly labeled, stored or disposed.
2 _____	<b>Research products:</b> research samples and prepared solutions have been transferred to _____. An inventory of transferred or disposed materials is attached in this document and it includes amounts and storage location.
3 _____	<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 it includes storage location(s) for all transferred materials.
4 _____	<b>Waste:</b> a request for pick-up of unwanted hazardous materials has been submitted to EH&S and containers placed in the Satellite Accumulation Area (SAA) with tags completed.
5 _____	<b>Research documents:</b> notebooks and data records were handed to my PI. <i>[Notebooks and data are the property of <b>University of South Florida</b> and cannot be removed; however copies can be made for writing up publications].</i> The locations and organization of notebooks, data and computer files have been reviewed with my supervisor or PI.
6 _____	<b>Computer files:</b> personal files and software were deleted from computers, research documents and software necessary for viewing images or data remained on computers for analysis.
7 _____	<b>Workspace:</b> personal workspace and equipment used have 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"/> Office space <input type="checkbox"/> Lab bench <input type="checkbox"/> Refrigerators/freezers <input type="checkbox"/> Cell culture room <input type="checkbox"/> Fume and/or biosafety cabinet <input type="checkbox"/> Shelves, storage areas <input type="checkbox"/> Other _____
8 _____	<b>Keys:</b> all keys have been located and returned to General Services. Access to lab spaces (or any space) using ID card has been removed by University personnel.
<b>Comments:</b>	
<b>Graduate student/post doc sign and date:</b>	
<b>PI, supervisor, laboratory manager or designee sign and date:</b>	